



Commonwealth of Kentucky
Department for Medicaid Services
Division of Program Quality and Outcomes

2014 External Quality Review Technical Report **Final**

Review of MCO Contract Year(s) 2011–2013
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1. EXECUTIVE SUMMARY

Purpose of Report

The Balanced Budget Act of 1997 established that state agencies contracting with Medicaid Managed Care Organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the State agency and the MCO. Subpart E – External Quality Review of 42 Code of Federal Regulations (CFR) sets forth the requirements for annual external quality review (EQR) of contracted MCOs. CFR 438.350 requires states to contract with an External Quality Review Organization (EQRO) to perform an annual external quality review for each contracted MCO. The states must further ensure that the EQRO has sufficient information to carry out the EQR; that the information be obtained from EQR-related activities, and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services (CMS). Quality, as it pertains to EQR, is defined in 42 CFR 438.320 as “the degree to which an MCO increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge.”

These same federal regulations require that the annual EQR be summarized in a detailed technical report that aggregates, analyzes and evaluates information on the quality, timeliness and access to health care services that MCOs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the plans regarding health care quality, timeliness and access, and make recommendations for improvement. Finally, the report must assess the degree to which any previous recommendations were addressed by the MCOs.

To meet these federal requirements, the Department for Medicaid Services (DMS) has contracted with Island Peer Review Organization (IPRO), an External Quality Review Organization, to conduct the annual EQR of Kentucky’s Medicaid managed care plans.

Scope of EQR Activities Conducted

This EQR technical report focuses on the three federally mandated EQR activities that were conducted. As set forth in 42 CFR 438.358, these activities were:

Compliance Review

This review determines MCO compliance with its contract and with state and federal regulations in accordance with the requirements of 42 CFR 438.204 (g) (Standards for Access, Structure and Operation and Measurement and Improvement).

Validation of Performance Measures (PMs)

Each MCO is required to report annual performance measures based upon the *Healthy Kentuckians 2020* goals. *Healthy Kentuckians 2020* is Kentucky’s commitment to the national prevention initiative *Healthy People 2020*. *Healthy Kentuckians 2020* includes goals and objectives in the priority areas of Clinical Preventive Services and Health Services and focuses on areas of disparity where attention to prevention and quality can demonstrate improved health care delivery and outcomes. Individual clinical preventive services, such as timely, age appropriate immunizations, screening tests, and counseling, have been shown to have a substantial impact on morbidity and mortality (*Healthy Kentuckians 2020*).

Annually, the non-HEDIS¹ measures are validated by the EQRO. IPRO addresses the reliability and validity of the reported performance measure rates as required by both the health plan contract and the Federal Medicaid managed care regulations and requirements.

Validation of Performance Improvement Projects (PIPs)

PIPs for the subject time period were reviewed for each plan to ensure that the projects were designed, conducted and reported in a methodologically sound manner, allowing real improvements in care and services and giving confidence in the reported improvements.

The results of these three EQR activities performed by IPRO are detailed in Section 4 of the report.

Overall Conclusions and Recommendations

The following is a high-level summary of the conclusions drawn from the findings of the EQR activities regarding the Kentucky Medicaid Managed Care health plans' strengths and IPRO's recommendations with respect to quality of care and access to/timeliness of care. Specific findings, strengths and recommendations are described in detail in Section 4 of this report.

CoventryCares of Kentucky

Quality of Care

In the domain of quality, the plan demonstrated the following strengths:

- § The plan reported rates above the national average² for the following HEDIS[®] preventive care measure, Adolescent Immunization Status.
- § The plan performed well in the domain of Medication Management as demonstrated by HEDIS[®] rates above the national average for Pharmacotherapy Management of COPD Exacerbation and Persistence of Beta-Blocker Treatment after a Heart Attack, Antidepressant Medication Management, Adherence to Antipsychotic Medications for Individuals with Schizophrenia, and four of five (4 of 5) numerators and the total for Annual Monitoring for Patients on Persistent Medications.
- § Regarding behavioral health, CoventryCares of Kentucky reported a rate above the national average for the HEDIS[®] measure related to 30-day follow-up after hospitalization for mental illness and above the statewide average for Adherence to Antipsychotic Medications for Individuals with Schizophrenia².
- § Strong performance was seen in member satisfaction with network providers, as demonstrated by rates above the national average for the Adult and Child CAHPS^{®3} survey items: How Well Doctors Communicate, Rating of Personal Doctor and Rating of Specialist Seen Most Often.
- § CoventryCares of Kentucky demonstrated strong performance for requirements related to Quality Assurance and Performance Improvement: Measurement and Improvement, scoring 2.90 of 3.0 total points (Substantial Compliance).
- § The plan submitted baseline rates for the PIP, "Major Depression: Antidepressant Medication Management and Compliance;" adopting most of IPRO's recommendations, particularly describing the numerator and denominator for the indicator, adding process measures and

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

² National average is the NCQA Quality Compass HEDIS[®] Medicaid average for all MCO's reporting to NCQA.

³ CAHPS[®] (Consumer Assessment of Healthcare Providers and Systems) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

clarifying interventions to address the cultural and linguistic barriers. The credibility of the results was deemed adequate after the plan made the recommended revisions.

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- § The plan reported rates below the statewide rate for the following Healthy Kentuckians Performance Measures: Adult Height and Weight measured and Adult Counseling for Nutrition and Physical Activity; Child and Adolescent Healthy Weight for Height; the three (3) reportable numerators for Adolescent Screening/Counseling and eight of eleven (8 of 11) applicable numerators for Prenatal Screening/Counseling, with the remaining three (3) being deemed unreportable. It should also be noted that the plan was not able to report seven of eighteen (7 of 18) medical record numerators for adolescent and prenatal screening/counseling due to errors in abstraction that rendered the rates invalid.
- § The quality and adequacy of CoventryCares of Kentucky's provider network presents an opportunity for improvement, based on its rates for the HEDIS® Board Certification measure. The plan reported rates below national average rates for all provider types.
- § The plan reported below national average rates for the following HEDIS® Effectiveness of Care measures: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, Appropriate Testing for Children with Pharyngitis, Appropriate Treatment for Children with URI, Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis, Controlling High Blood Pressure and for the measures in the Musculoskeletal domain.
- § In addition, CoventryCares of Kentucky reported rates below the national average for all Comprehensive Diabetes Care numerators and rates below the statewide average⁴ for the measures of diabetes care for people with schizophrenia.
- § Performance was mixed for satisfaction with the plan as seen in the CAHPS® 5.0 rates for Customer Service (above national average) and Rating of Health Plan and Rating of all Health Care (below national average).
- § CoventryCares of Kentucky submitted a proposal for a 2014 PIP: "Prevention by Supporting Families of Children with ADHD." Some of the IPRO recommendations were addressed; however, many key suggestions were only partially addressed or not addressed. For example, defining key indicator terms and refining the Aim Statement to clearly frame and align the rationale, aim, goals, indicators and interventions.
- § CoventryCares of Kentucky achieved only Minimal Compliance with the contract requirements for Health Risk Assessment and Enrollee Rights. Under Health Risk Assessment, three of four (3 of 4) review elements required corrective action. The plan provided only logs as evidence of outreach for Health Risk Assessment. No member-specific files were provided. Additionally, the plan's documentation did not provide evidence of conducting all reasonable efforts to contact the member. Under Enrollee Rights, twenty-two of twenty-three (22 of 23) elements required corrective action; however, the deficiencies were all related to an omission in policy.
- § In general, the plan required corrective action for 37 of 223 elements (17%) reviewed, substantially more than the other three (3) MCOs.

In the domain of quality, IPRO recommends that CoventryCares of Kentucky:

- § Examine reasons for network providers' low rates for board-certification to determine if this issue is specific to CoventryCares of Kentucky or is a regional/statewide norm;

⁴ National average was reported in Quality Compass® 2013 for these new measures.
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- § Work to improve HEDIS® measures which fall below the national averages, particularly in the areas of care for members with diabetes and appropriate testing and antibiotic use for children and adults with acute respiratory illnesses;
- § Review the recommendations made for each of the compliance domains, in particular for Health Risk Assessment and Enrollee Rights, and execute improvements;
- § Review and implement the EQRO recommendations for each of the PIPs.

Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, the plan demonstrated the following strengths:

- § CoventryCares of Kentucky showed strong performance for the applicable Healthy Kentuckians performance measures for Individuals with Special Health Care Needs (ISHCN) Children's and Adolescents' Access to Care with rates above the statewide rate for both reported age groups – 12–24 months and 25 months–6 years⁵ as well as for Annual Dental Visits.
- § The plan reported rates above national average for the following HEDIS® measures: Adults' Access to Preventive/Ambulatory Health Services for all age groups, Children and Adolescents' Access to PCPs: 12–24 Months and 25 Months-6 Years⁶, Annual Dental Visit and Well-Child Visits in the First 15 Months of Life: 6+ Visits.
- § The plan performed well in regard to prenatal care as demonstrated by rates which exceeded the national average for the Timeliness of Prenatal Care and Frequency of Ongoing Prenatal Care: 81+ Percent measures.
- § The plan's rates were above the national average for the two CAHPS® Adult and Child survey composite measures related to access: Getting Needed Care and Getting Care Quickly.
- § Areas of relative strength in the Annual Compliance Review included Access and EPSDT services, with scores of 2.83 of 3.0 total points.
- § The file reviews for complex case management and EPSDT services for DCBS clients were fully compliant, showing strong performance related to coordination of and access to care for individuals with special needs.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- § Regarding access/timeliness of care for Individuals with Special Health Care Needs, the plan reported rates below the statewide rate for Healthy Kentuckians Performance Measures Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits.
- § The plan demonstrates an opportunity for improvement in regard to access to/timeliness of women's preventive care as seen in below national average rates for the following HEDIS® Effectiveness of Care measures; Cervical Cancer Screening and Chlamydia Screening in Women. Additionally, CoventryCares of Kentucky's reported rate for Human Papillomavirus Vaccine for Female Adolescents fell below the statewide average⁷.
- § Despite strong performance on the measures of prenatal care access, the plan's rate for Postpartum Care was below the national average.

⁵ CoventryCares of Kentucky did not report Children's and Adolescents' Access to Care for the 7-11 years or 12-19 years age groups due to insufficient sample size.

⁶ CoventryCares of Kentucky did not report Children's and Adolescents' Access to Care for the 7-11 years or 12-19 years age groups due to insufficient sample size.

⁷ No national averages were reported in Quality Compass® 2013 for these two new measures.

- § Access to/timeliness of child and adolescent well care is in need of improvement, as represented by rates below national averages for the HEDIS® measures: Childhood Immunization: Combo 3, Lead Screening in Children, Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits measures.
- § Improvement is needed in access to alcohol and drug treatment as seen in the below average performance for the HEDIS® measure Initiation and Engagement of AOD Dependence Treatment, for both the initiation and continuation/maintenance numerators.
- § The plan submitted baseline rates for the PIP, “Decreasing Non-Emergent/Inappropriate Emergency Room Utilization;” and addressed recommendations related to clarifying the indicators and adding process measures. The credibility of the PIP results was judged not at risk, though many key recommendations were not addressed. For example, the intervention strategy relied heavily on mailings, it was not clear if the primary intervention was newly initiated for this PIP or was pre-existing, and process measures were related only to mailings and not linked to the primary intervention.
- § CoventryCares of Kentucky submitted a proposal for a PIP, “Decreasing Avoidable Hospital Readmissions.” Some revisions were made based on IPRO recommendations; however, many important elements still needed to be addressed. For example, barriers were not fully described, the intervention strategy should be more targeted, many of the components of the intervention strategy were not fully described and lacked detail, the purpose/expected results from some of the interventions was not clear, whether the intervention programs were newly implemented or modified for this PIP is not evident,

In the domain of access to/timeliness of care, IPRO recommends that CoventryCares of Kentucky:

- § Work to improve HEDIS® measures which fall below the national averages, particularly in the areas of preventive care and services for children and adolescents and preventive services for women; and
- § Review and implement the EQRO recommendations for each of the PIPs.

Humana-CareSource

There are limited data available to assess the quality, access, and timeliness of care for Humana-CareSource, as the plan began enrollment in January 2013 and therefore, was not able to report HEDIS® 2013 data, 2013 CAHPS® 5.0 Adult and Child Survey data, or 2013 Healthy Kentuckians Performance Measures.

Quality of Care

In the domain of quality, the plan demonstrated the following strengths:

- § Areas of strength in the Annual Compliance Review included Enrollee Rights (2.90 of 3.0 total points), Quality Assessment Performance Improvement: Measurement and Improvement (2.94 of 3.0 total points), Medical Records (2.98 of 3.0 total points), Program Integrity (2.99 of 3.0 total points), and Health Information Systems, Member Outreach and Delegation Oversight (all Full Compliance, 3.0 of 3.0 total points). In addition, Credentialing files reviewed were fully compliant.
- § Humana-CareSource submitted a proposal for a PIP, “Untreated Depression.” Strengths of the proposal included a well-developed rationale, use of resources for evidence-based clinical guidelines and working with external collaborators. It should be noted that the plan initially proposed using the HEDIS® Antidepressant Medication Management measure as its PIP

indicator; however, this was not possible since the plan did not report HEDIS® 2013. With EQRO assistance, Humana-CareSource revised its indicators and measurement periods.

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- § Annual Compliance review areas with the lowest scores were Health Risk Assessment (2.43 of 3.0 total points) and Grievances (2.62 of 3.0 total points). However, it should be noted that these areas achieved Substantial Compliance.
- § The Health Risk Assessment file review revealed only 2 completed HRAs of 30 requested and that all reasonable efforts were not made, as Humana-CareSource made only two (2) mailed attempts and only the first attempt was tracked.
- § The Member Grievance file review revealed deficiencies: resolution notices lacked all information considered and the findings and conclusions of the investigation, and the files did not contain the disposition of the grievance.

In the domain of quality, IPRO recommends that Humana-CareSource:

- § Review the recommendations made for each of the compliance domains, in particular for Health Risk Assessment and Grievances, and execute improvements;

Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, the plan demonstrated the following strengths:

- § The plan demonstrated very good performance on the compliance domains of Access (2.96 of 3.0 total points) and Early and Periodic Screening, Diagnosis and Treatment (2.90 of 3.0 total points) domains.
- § File reviews for Care Coordination and Complex Case Management (EPSDT) during the Annual Compliance Review reflected strengths in the areas of access and coordination for vulnerable members with special needs.
- § The file reviews for Member and Provider Appeals were fully compliant, revealing efficient and thorough review of appeals.
- § Humana-CareSource submitted a proposal for a PIP, "Emergency Department (ED) Use Management." Strengths of the proposal included, a rationale supported by national and Kentucky Medicaid FFS data and preliminary plan-specific data on diagnosis, age and costs, clearly stated objectives and use of a multidisciplinary PIP team.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- § The Annual Compliance Review domains Utilization Management (2.29 of 3.0 total points) and Care Management/Care Coordination (2.53 of 3.0 total points), though rated Substantially Compliant, were relatively weaker areas for Humana-CareSource with 9 of 49 and 5 of 32 elements requiring corrective action, respectively. This demonstrates a need for improvement in some areas of access to and coordination of care.

In the domain of access to/timeliness of care, IPRO recommends that Humana-CareSource:

- § Review the recommendations made for each of the compliance domains, in particular for Care Management/Care Coordination and Utilization Management, and execute improvements.

Passport Health Plan

Quality of Care

In the domain of quality, the plan demonstrated the following strengths:

- § Passport Health Plan demonstrated strong performance for the following quality-related compliance domains: QAPI Measurement and Improvement (2.92 of 3 total points), Grievances (2.89 of 3.0 total points), Credentialing (2.9 of 3.0 points), Health Information Systems (Full Compliance), and Medical Records (2.85 of 3.0 total points). Overall, the plan achieved Full Compliance for six (6) domains, ≥ 2.90 of 3 total points for an additional three (3) domains and ≥ 2.80 for four (4) additional domains.
- § Passport Health Plan performed well on the Healthy Kentuckians Performance Measures. Given the plan's experience with the Medicaid market in Kentucky, is it not surprising that Passport Health Plan surpassed its peers' rates for seventeen of eighteen (17 of 18) applicable measures of quality of care, including Adult Height and Weight/Counseling for Nutrition and Physical Activity, Cholesterol Screening for Adults, Child and Adolescent Height and Weight/Healthy Weight for Height, three of four (3 of 4) numerators of Adolescent Screening/Counseling and nine of eleven (9 of 11) numerators of Prenatal Screening/Counseling.
- § Related to HEDIS® Board Certification, Passport Health Plan performed relatively well, with rates for all primary care specialties $> 70\%$, exceeding the statewide average for all provider types and exceeding or approaching the national average for four of six (4 of 6) provider types. Additionally, all Credentialing and Recredentialing files reviewed for the compliance review were fully compliant.
- § The plan performed strongly with respect to the HEDIS® measures for Preventive Care. Passport Health Plan exceeded the national average for eight of nine (8 of 9) measures and exceeded the statewide average for the measure without a national benchmark, Human Papillomavirus Vaccine for Female Adolescents⁸.
- § Passport Health Plan also performed well on HEDIS® measures for acute respiratory care, exceeding the national average for three of three (3 of 3) measures (Appropriate Testing for Children with Pharyngitis, Appropriate Treatment for Children with URI, and Avoidance of Antibiotics for Adults with Acute Bronchitis).
- § In relation to HEDIS® measures for chronic conditions, the plan's rates exceeded the national average for seven of ten (7 of 10) Comprehensive Diabetes Care numerators and for four of five (4 of 5) numerators of Annual Monitoring for Patients on Persistent Medications.
- § In the area of care for behavioral health conditions, Passport Health Plan's rates exceeded the national average for both numerators of Antidepressant Medication Management.
- § Adult and Child CAHPS® results reflected above average member satisfaction with the provider network and health plan. The plan exceeded the national average for both groups: three of three (3 of 3) items for satisfaction with network doctors – How Well Doctors Communicate, Rating of Personal Doctor and Rating of Specialist Seen Most Often and three of three (3 of 3)

⁸ No national average was reported in Quality Compass® 2013 for this new measure.

items for satisfaction with health care/health plan – Customer Service, Rating of All Health Care and Rating of Health Plan.

- § Passport Health Plan submitted a baseline report for a PIP focusing on testing and use of antibiotics in children with upper respiratory infections (URIs). Strengths included a strong rationale supported by data and targeting both quality of care and costs; addressing clinical practices of PCPs, urgent care centers and Emergency Departments (EDs). The plan's rates improved for both study indicators, with one exceeding its target for improvement.

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- § Regarding compliance, Passport Health Plan needs to improve its Health Risk Assessment completion rates. This domain was one of only three (3) where the plan scored < 2.8 of 3.0 total points (2.43). Although no elements required corrective action (rating of minimal or non-compliance), the HRA file review revealed that only four (4) of twenty (20) HRAs were completed. Despite significant outreach, including in-person visits, the rates for completion within 30 days of enrollment ranged from 3.2% to 16.5% for non-pregnant members and 20% to 62% for pregnant members.
- § Despite strong performance on measures of acute respiratory care, the plan has an opportunity for improvement related to the HEDIS® measure Pharmacotherapy Management of COPD Exacerbation.
- § Other HEDIS® chronic care measure rates that fell below the national average included: Cholesterol Management: LDL-C Test Performed, Beta-Blocker Therapy after a Heart Attack, the measure for rheumatoid arthritis drug therapy and Use of Imaging Studies for Low Back Pain.
- § In the area of behavioral health, the plan's rates fell well below the national average for both numerators of Follow-up Care for Children Prescribed ADHD Medication.
- § Passport Health Plan's proposal for asthma care would benefit from: defining key terms such as "high-risk;" fully describing the indicators and operational terms; stating methods for ensuring data validity and reliability; adding process indicators to evaluate intervention effectiveness and expanding the breadth of the intervention strategy, as it is not clear if all members with asthma will receive some type of intervention.

In the domain of quality, IPRO recommends that Passport Health Plan:

- § Continue to work to improve rates for HEDIS® measures that perform below the national average; and
- § Review and implement the EQRO recommendations for each of the PIPs particularly those related to indicators and interventions for the PIP related to care for members with asthma.

Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, the plan demonstrated the following strengths:

- § Passport Health Plan's rates for the Healthy Kentuckians Performance Measures related to access to care for ISHCN exceeded the rates of its peers, including Well-Child Visits in the Third,

Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits. Rates were $\geq 90\%$ for Children's and Adolescents' Access to Care for all three (3) age groups between 12 months and 11 years and approached 90% for the adolescent group (ages 12–19 years).

- § Regarding compliance with standards, Passport Health Plan demonstrated noteworthy performance related to care for members with special needs. File reviews demonstrated that of the sample files, 14 of 20 DCBS Service Plans were obtained and all contained DCBS and plan staff signatures; 9 of 10 DCBS members received well visits/EPSDT services and the remaining one received outreach; and all care coordination and complex case management files were fully compliant with requirements for assessment, care planning and coordination of care. Additionally, all UM files reviewed were fully compliant.
- § The plan exceeded the national averages for the CAHPS® Adult and Child survey items Getting Needed Care and Getting Care Quickly.
- § The plan exceeded the national average for each of the eleven (11) HEDIS® Access and Availability measures, including Adult's Access to Preventive/Ambulatory Health Service (all age groups and total), Children's and Adolescents' Access to Primary Care (all age groups), Annual Dental Visit.
- § The HEDIS® Utilization measures had good results, with two (2) rates exceeding the national average, Well-Child Visits in the First 15 Months of Life – 6+ Visits and Adolescent Well-Care Visits and Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life falling just below the national average.
- § Passport Health Plan also exceeded the national average for all three (3) HEDIS® measures of access/timeliness of perinatal care, Timeliness of Prenatal Care, Frequency of Ongoing Prenatal Care – 81%+ Expected Visits and Postpartum Care.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- § In relation to compliance with standards, while the file review for Member Appeals was fully compliant, provider appeal files were incomplete due to missing resolution notices. Additionally, Care Management/Care Coordination was one of the two lowest scoring domains at 2.59 of 3.0 total points. This area also had the highest number/percentage of elements requiring corrective action (rated minimal or non-compliant), five of thirty-two (5 of 32) elements. Although the file reviews for care coordination and complex case management were nearly fully compliant, the plan lacked some required policies and procedures.
- § Despite overall strong performance for the Healthy Kentuckians Performance Measures, the plan exhibits opportunity for improvement related to access to dental care for ISHCN.
- § Similarly, the plan's PIP "Dental Care in Children with Special Health Care Needs" did not achieve improvement at the interim or final re-measurement. In fact, the rates declined despite a multi-faceted intervention strategy that was modified in response to the results. The plan failed to adequately explain or identify possible causes for this decline. Passport Health Plan's assertion that an influx of new members affected achievement of improvement needs to be supported by quantitative data and other barriers need to be explored.
- § Passport Health Plan reported the interim measurement for its PIP "Reduction of Emergency Room Care Rates." The rate of emergency room visits increased by almost five (5) percentage points despite a strong intervention strategy. Passport Health Plan attributed this to an influx of new members. Some interventions lacked a complete description, including how they would impact the rate of ED visits. In addition, it would be beneficial to review barriers identified

during the prior year, evaluate the intervention strategy and add new interventions or modify existing interventions.

- § Passport Health Plan submitted a proposal for a PIP, “Psychotropic Drug Intervention Program.” Opportunities for improvement included: lack of a “new” intervention for this PIP; the timing of the interventions may impact the baseline rates and make it difficult to achieve improvement; interventions should be more fully described; and the plan should consider access-related barriers that contribute to medication discontinuance.

In the domain of access to/timeliness of care, IPRO recommends that Passport Health Plan:

- § Continue to work to improve rates for HEDIS® measures that perform below the national average; and
- § Review and implement the EQRO recommendations for each of the PIPs particularly those related to barrier analysis and interventions for the PIPs related to ED utilization and adherence to antipsychotic medications.

WellCare of Kentucky

Quality of Care

In the domain of quality, the plan demonstrated the following strengths:

- § WellCare of Kentucky showed strong performance for the following quality-related compliance domains: Quality – Measurement and Improvement (3.0 of 3.0 total points), Grievances (2.92 of 3.0 total points), Credentialing (2.82 of 3.0 total points), Program Integrity (2.88 of 3.0 total points), Delegation oversight (2.80 of 3.0 total points), Enrollee Rights (2.93 of 3.0 total points), Medical Records (3.0 of 3.0 total points), and Pharmacy program (3.0 of 3.0 total points). It should be noted that the plan achieved full compliance for six of fifteen (6 of 15) domains and required corrective action for only five (5) elements across all domains.
- § Related to HEDIS® measures of quality of care for members with behavioral health conditions, the plan’s rates were above the national or state averages for the following: Antidepressant Medication Management, Diabetes Screening for People with Diabetes and Schizophrenia and Diabetes Monitoring for People with Diabetes and Schizophrenia⁹.
- § The plan performed well in regard to consumer satisfaction with providers as demonstrated by above average rates for the adult and child CAHPS® survey questions, How Well Doctors Communicate and Rating of Personal Doctor.
- § WellCare of Kentucky submitted a proposal for a PIP, “Management of Chronic Obstructive Pulmonary Disease.” The PIP was based on local statistics, used literature-based interventions and incorporated a multidisciplinary team in the intervention strategy. In addition, the plan addressed all of the EQRO recommendations related to indicators and interventions.

In the domain of quality, the plan demonstrated the following opportunities for improvement:

- § WellCare of Kentucky demonstrated opportunity for improvement related to the compliance domain Health Risk Assessment (2.20 of 3.0 total points). Corrective Action Plans are required for two of five (2 of 5) applicable review elements. In addition, only two of thirty (2 of 30) files contained completed HRA forms, while an additional thirteen (13) showed evidence of multiple attempts to contact the member.

⁹ No national averages were reported in Quality Compass® 2013 for these two new measures.

- § Performance on Healthy Kentuckians Performance Measures related to quality of care demonstrated great opportunity for improvement. The plan's rates fell below the statewide rate for thirteen of thirteen (13 of 13) applicable measures, including: Adolescent Screening/Counseling for Tobacco Use, Alcohol/Substance Use and Sexual Activity as well as Perinatal Screening/Counseling for Tobacco Use, Alcohol Use, Substance Use, Nutrition, OTC/Prescription Drug Use, Domestic Violence and Prenatal/Postpartum Screenings for Depression.
- § The plan reported rates substantially below national average for all provider types of the HEDIS® Board Certification measure.
- § WellCare of Kentucky has ample opportunity for improvement in the HEDIS® domain of Prevention and Screening, with rates for five of eight (5 of 8) measures falling below the national or state average (Childhood Immunization Status, Human Papillomavirus Vaccine for Female Adolescents¹⁰, Lead Screening in Children, Breast Cancer Screening and Chlamydia Screening).
- § For HEDIS® measures of acute care, the plan's rates fell below the national average for two of three (2 of 3) measures: Appropriate Testing for Children with Pharyngitis and Appropriate Treatment for Children with URI.
- § In the domain of chronic care, WellCare of Kentucky had mixed performance. For the measure Comprehensive Diabetes Care, rates for four (4) numerators exceeded the national average (HbA1c Testing, LDL Testing, Nephropathy Monitoring and Blood Pressure < 140/80) and six (6) fell below (HbA1c > 9, HbA1c < 8, HbA1c < 7, Eye Exams, LDL < 100 and Blood Pressure < 140/90). Additionally, the rate for Controlling High Blood Pressure approached the national average, but Persistence of Beta-Blocker Therapy after a Heart Attack was almost ten (10) percentage points below the national average.
- § Performance on HEDIS® measures of medication management was mixed, with four (4) numerators of Annual Monitoring for Patients on Persistent Medications exceeding or approaching the national average and the rate for Adherence to Antipsychotic Medications for Individuals with Schizophrenia¹¹ exceeding the state average, while performance on the measures for management of COPD medications and drug therapy for rheumatoid arthritis was not as robust.

In the domain of quality, IPRO recommends that WellCare of Kentucky:

- § Examine reasons for network providers' low rates for board-certification to determine if this issue is specific to WellCare of Kentucky or is a regional/statewide norm;
- § Work to improve HEDIS® measures which fall below the national averages, particularly for certain measures related to management of medications and for appropriate testing and antibiotic use for children with acute respiratory illnesses; and
- § Review the recommendations made for the compliance domain Health Risk Assessment and execute improvements.

Access to Care/Timeliness of Care

In the domain of access to/timeliness of care, the plan demonstrated the following strengths:

- § WellCare of Kentucky achieved Full Compliance for all files reviewed in the categories: EPSDT Appeals, Member Grievances (both quality and random samples) and Member Appeals.

¹⁰ No national average was reported in Quality Compass® 2013 for this new measure.

¹¹ No national averages were reported in Quality Compass® 2013 for this new measure.

- § The plan exceeded the national average for the following HEDIS® measures: Adults' Access to Preventive/Ambulatory Health Services for all age groups and the total, Children and Adolescents' Access to Primary Care Practitioners for age groups 12–24 Months and 25 Months–6 years¹² and Annual Dental Visit.
- § The plan demonstrated strong performance in regard to prenatal care as demonstrated by rates above the national average for the Prenatal and Postpartum Care: Timeliness of Prenatal Care and Frequency of Ongoing Prenatal Care: 81+ Percent measures.
- § The plan exceeded the national averages for both the child and adult CAHPS® survey questions, Getting Needed Care and Getting Care Quickly.
- § WellCare of Kentucky submitted the baseline measurement for the PIP “Inappropriate Emergency Department Utilization,” which is a key challenge for the Medicaid population, was supported by a well-developed rationale and included interventions targeting providers, members and health plan staff.
- § WellCare of Kentucky submitted a proposal for a PIP “Follow-up after Hospitalization for Mental Illness,” which will address its below average HEDIS® rates for this measure. The PIP incorporates research done locally, included extensive barrier analysis, and the intervention strategy was multi-faceted. In addition, the plan addressed all of the EQRO recommendations regarding the intervention strategy.

In the domain of access to/timeliness of care, the plan demonstrated the following opportunities for improvement:

- § The compliance domains Access and Behavioral Health Services, though overall substantially compliant, were two of the three (2 of the 3) lowest scoring domains, with scores of 2.74 and 2.68 of 3.0 total points, respectively. In the area of behavioral health, gaps were related to the content of policies and procedures. Related to Access, the plan’s policies and procedures were deficient related to requirements for a specialist serving as a member’s PCP and telephone access and availability requirements for PCPs.
- § The file review for care coordination conducted during the compliance review revealed a need for improvement in this process. One third of files reviewed were lacking comprehensive assessment, a care plan, identification of behavioral and physical health needs and facilitation and coordination of services. The complex care management file documentation was better, but care plans were not present for seven of ten (7 of 10) files reviewed.
- § Plan performance regarding child and adolescent access to preventive care and services offers opportunities for improvement. The plan reported a rate above the national average rate for only one HEDIS® preventive care services measure: Adolescent Immunization Status (all three numerators). However, rates were below average for Childhood Immunization Status (Combo 3) and Lead Screening in Children, Well-Child Visits in the First 15 Months of Life – 6+ Visits; Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life and Adolescent Well-Care Visits.
- § Access to well-woman care is also in need of improvement with rates below the state or national average for HEDIS® Human Papillomavirus Vaccine for Female Adolescents¹³, Cervical Cancer Screening and Chlamydia Screening.
- § Need for improvement in access to behavioral health care services was seen in the plan’s performance for HEDIS® Follow-up After Hospitalization for Mental Illness, where rates for both 7-day and 30-day follow-up care were below the national average and in rates below the

¹² Note that WellCare of Kentucky did not report Children’s and Adolescents’ Access to Care for the 7–11-years or 12–19-years age groups due to insufficient sample size.

¹³ No national average was reported in Quality Compass® 2013 for this new measure.

national average for Initiation and Engagement of AOD Dependence Treatment, for both the initiation and engagement numerators.

- § Despite strong performance on measures of access to prenatal care, the plan's rate for Postpartum Care fell below the national average.

In the domain of access to/timeliness of care, IPRO recommends that WellCare of Kentucky:

- § Work to improve HEDIS® measures which fall below the national averages, particularly related to women's preventive services and access/timeliness of behavioral health services ;
- § Work to improve child and adolescent access to and timeliness of well visits and preventive services (as recommended in the prior year's report, the plan could benefit from a PIP aimed at increasing rates of well-visits for children and adolescents); and
- § Review the recommendations made for the compliance domains Access and Behavioral Health Services and regarding case management/care coordination documentation and execute improvements.

2. BACKGROUND

Kentucky Medicaid Managed Care Program

HISTORY OF KENTUCKY MEDICAID MANAGED CARE PROGRAM

In December 1995, the Commonwealth of Kentucky was granted approval for an amendment to the Medicaid Access and Cost Containment Demonstration Project. The approved amendment permitted the establishment of eight regional managed care networks consisting of public and private providers to deliver health care services to Medicaid beneficiaries. Each region would have one managed care entity or Partnership, subject to state-specified guidelines. Medicaid beneficiaries would be enrolled into the Partnership designated for their area. The Partnership demonstration was implemented on November 1, 1997. Two (2) partnerships were developed and implemented in Region 3 (Louisville and 15 surrounding counties) and Region 5 (Lexington and its surrounding counties). In 1999, the Region 5 Partnership notified the Commonwealth of Kentucky, Department for Medicaid Services (DMS) that it could no longer maintain its provider community. In 1999 and 2000, CMS approved amendments to the Commonwealth's waiver program that allowed for a move from a statewide to a sub-state model in order to continue to operate the one remaining partnership plan.

From July 2000 to December 2012, the Commonwealth operated a partnership plan, known as Passport Health Plan only in Region 3 (Louisville/Jefferson County and the 15 surrounding counties). The partnership functioned as a provider-controlled managed care network and contracted with a private health maintenance organization (HMO) to provide the necessary administrative structure (i.e., enrollment, beneficiary education, claims processing, etc.).

However in 2011, as a result of an increased demand for cost-effective health care, the Kentucky Cabinet for Health and Family Services (CHFS), and the Department for Medicaid Services (DMS) initiated an expansion of the Medicaid Managed Care program in order to offer quality health care statewide. In September 2011, CHFS received approval from CMS to operate a Medicaid managed care organization waiver program for the period of Oct. 1, 2011 through Sept. 30, 2013. The waiver allowed Kentucky to implement a mandatory managed care program statewide. In November 2011, three MCOs, CoventryCares of Kentucky, Kentucky Spirit Health Plan and WellCare of Kentucky, joined Passport Health Plan in offering Medicaid services including those related to behavioral health. With this expansion, Medicaid services in Kentucky were made available statewide, allowing all eligible Kentuckians to enroll in a managed care plan. For the reporting year 2012, Kentucky MCOs operated regionally, as follows: CoventryCares of Kentucky in all regions; Kentucky Spirit Health Plan in all regions, except Region 3; Passport Health Plan in Region 3; and WellCare of Kentucky in all regions. As of July 2013, Kentucky Spirit Health Plan withdrew from the Kentucky Medicaid managed care program. However, in January 2013 Humana-Care Source began serving beneficiaries in Region 3.

In reporting year 2013, the Kentucky Medicaid Managed Care program was comprised of the following:

Table 1: Kentucky Medicaid MCOs – CY 2013

MCO Name	Medicaid Service Area
CoventryCares of Kentucky	Statewide
Humana-CareSource	Only in Region 3
Passport Health Plan	Only in Region 3
WellCare of Kentucky	Statewide

Anthem Health Plan has since joined the program and began enrolling members in January 2014. Anthem Health Plan serves beneficiaries statewide except for Region 3. Since the MCO was not operating in reporting year 2013, there are no data to include in this report.

KENTUCKY MANAGED CARE QUALITY STRATEGY

In September 2012, DMS issued the Kentucky Managed Care Quality Strategy (MCQS) to outline the goals, objectives and expectations of the expanded Managed Care program.

In keeping with federal regulation and in an effort to show its dedication to the national initiative, *Healthy People 2010*, DMS issued a measure set which Medicaid plans would be required to report. This initiative, *Healthy Kentuckians*, includes ten leading health indicators along with related goals and objectives. Other performance measures, including ones derived from HEDIS®, are included in the requirement for plan reporting to allow for comparison to national benchmarks. Together, these measures address timeliness of, quality of and access to care provided to individuals enrolled in managed care.

The primary goals of the Kentucky Medicaid Managed Care program are to improve health status of Medicaid enrollees and lower morbidity among enrollees with serious mental illness. DMS has established the following objectives in order to effectively accomplish this goal:

1. Improve access and coordination of care,
2. Provide health care at the local level through the managed care system using public and private providers,
3. Redirect the focus of health care toward primary care and prevention of illness,
4. Monitor and improve the quality of the health care delivery system,
5. Increase health promotion efforts, psychotropic medication management and suicide prevention, and
6. Implement effective and responsive cost management strategies in the health care delivery system designed to stabilize growth in Medicaid costs.

DMS has identified six health care conditions and utilization trends which present statewide issues and, as such, have been selected as targets for improvement:

- Diabetes,
- Coronary Artery Disease Screenings,
- Colon Cancer Screenings,
- Cervical/Breast Cancer Screenings,
- Mental Illness, and
- Reduction in ED Usage/Management of ED Services.

In an effort to improve overall health care, especially as it relates to those conditions listed above, DMS has set the following goals and objectives:

1. Improve preventive care for adults by increasing the performance of the state aggregate HEDIS® Colorectal Cancer Screening, HEDIS® Breast Cancer Screening and HEDIS® Cervical Cancer Screening measures to meet/exceed the 2012 Medicaid 50th percentile or to exceed the baseline performance rate by at least 10 percent;
2. Improve care for chronic illness by increasing the performance of the state aggregate HEDIS® Comprehensive Diabetes Care and HEDIS® Cholesterol Management for Patients with Cardiovascular Conditions measures to meet/exceed the 2012 Medicaid 50th percentile or to exceed the baseline performance rate by at least 10 percent;

3. Improve behavioral health care for adults and children by increasing the performance of the state aggregate HEDIS® Antidepressant Medication Management and HEDIS® Follow-up After Hospitalization for Mental Illness measures to meet/exceed the 2012 Medicaid 50th percentile and 75th percentile, respectively, or to exceed each baseline performance rate by at least 10 percent; and
4. Improve access to medical homes by increasing the performance of the state aggregate HEDIS® Adults Access to Preventive/Ambulatory Health Services and HEDIS® Children and Adolescents Access to Primary Care Practitioners measures to meet/exceed the 2012 Medicaid 50th percentile or to exceed the baseline performance rate by at least 10 percent. In addition, DMS aims to increase the HEDIS® Ambulatory Care-Outpatient Visit rate to the Medicaid 50th percentile or by 10 percent and decrease HEDIS® Ambulatory Care-ED Utilization rate by 10 percent.

As part of Kentucky's MCQS, annual reviews of the effectiveness of the previous year's quality plan will be used to update the MCQS to ensure that appropriate strategies are being utilized in order to achieve desired improvement. Updates to the MCQS will be influenced by the findings of the following annual activities:

1. The EQR Technical Report which summarizes the results of PMs, PIPs and other optional EQR activities,
2. Participant input, which includes results of annual surveys of members' and providers' satisfaction with quality and accessibility of services, enrollee grievances and public forum,
3. Public input, which is facilitated by the following groups:
 - a. MCO-maintained Quality and Member Access Committee (QMAC), comprised of members who represent the interests of the member population,
 - b. Medicaid Advisory Council, and
 - c. Medicaid Technical Advisory Committee(s).

ANNUAL EQR TECHNICAL REPORT

Kentucky DMS contracted IPRO to conduct the EQR of the health plans participating in the Medicaid Program for Policy Years 2011–2013 as set forth in 42 CFR §438.356(a)(1). After completing the EQR process, IPRO prepared this *2011–2013 External Quality Review Technical Report for Kentucky Medicaid Managed Care*, in accordance with 42 CFR §438.364. The report describes the manner in which data from activities conducted in accordance with 42 CFR §438.358 were aggregated and analyzed and how conclusions were drawn as to the *quality, timeliness* and *access* of the care furnished to Kentucky's Medicaid recipients by the MCOs.

This report provides a description of the mandatory EQR activities conducted:

- § Monitoring of the compliance with standards,
- § Validation of Performance Measures, and
- § Validation of Performance Improvement Projects.

This report presents the findings for all health plans participating in Kentucky's Medicaid Managed Care Program during Policy Year 2013: CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan and WellCare of Kentucky.

3. EXTERNAL QUALITY REVIEW ACTIVITIES

During the past year, IPRO conducted a compliance monitoring site visit, validation of performance measures and validation of performance improvement projects for Kentucky Medicaid managed care plans. Each activity was conducted in accordance with CMS protocols for determining compliance with Medicaid managed care regulations. Details of how these activities were conducted are described in Appendices A–C, and address:

- § Objectives for conducting the activity,
- § Technical methods of data collection,
- § Descriptions of data obtained, and
- § Data aggregation and analysis.

Conclusions drawn from the data and recommendations related to access, timeliness and quality are presented in Section 1. Executive Summary of this report.

4. FINDINGS, STRENGTHS AND RECOMMENDATIONS RELATED TO HEALTH CARE QUALITY, TIMELINESS AND ACCESS

Introduction

This section of the report addresses the findings from the assessment of the Medicaid MCOs' strengths and areas for improvement related to quality, timeliness and access. The findings are detailed in each subpart of this section (i.e., Compliance Monitoring, Validation of Performance Measures and Validation of Performance Improvement Projects).

This report includes results for four (4) plans. The results for CoventryCares of Kentucky, Passport Health Plan, and WellCare of Kentucky include the MCO responses to the Kentucky's recommendations in the previous technical report. The results for Humana-CareSource are baseline results and therefore, no follow-up is presented.

Compliance Monitoring

Review of Medicaid Managed Care Organization Compliance with Regulatory Requirements

This section of the report presents the final results of reviews by IPRO of the compliance of CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky with regulatory standards and contract requirements for contract year 2013¹⁴. The information is derived from the annual compliance reviews conducted by IPRO in March 2014.

A review, within the previous three (3) year period, to determine the MCOs' compliance with federal Medicaid managed care regulations, State regulations and State contract requirements is a mandatory EQR activity as established in the Federal regulations at 42 CFR §438.358(b)(3).

Requirements contained within 42 CFR Subparts C: Enrollee Rights, D: Quality Assessment and Performance Improvement, F: Grievance System and H: Certifications and Program Integrity were reviewed.

For the compliance review process, one of two types of review is conducted for each plan¹⁵:

1. A "full review" consists of an evaluation under all available domains and file review types.
2. A "partial review" evaluates only those domains for which the plan previously lacked full compliance.

For reporting year 2014, two MCOs (CoventryCares of Kentucky and WellCare of Kentucky) received a partial review, based on the findings of the previous review. Passport Health Plan received a full review, since this was its first year under new contract requirements. Humana-CareSource received a full review, since 2013 was its first year participating in the Kentucky Medicaid program.

Table 2 displays the domains that were reviewed for each plan for the 2014 Annual Compliance Review.

¹⁴ The 2014 Compliance Review assessed MCO performance for the time period of CY 2013.

¹⁵ Note that the domain Quality Assessment and Performance Improvement: Measurement and Improvement is reviewed annually for all MCOs, as required by CMS.

Table 2: Annual Compliance Reviews 2014 – Domains by Plan

Topic/Tool	CoventryCares of Kentucky	Humana-CareSource	Passport Health Plan	WellCare of Kentucky
Behavioral Health Services	a	a	a	a
Case Management/Care Coordination	a	a	a	a
Enrollee Rights: Enrollee Rights and Protection	a	a	a	a
Enrollee Rights: Member Education and Outreach	N/A	a	a	a
EPSDT	a	a	a	a
Grievance System	a	a	a	a
Health Risk Assessment	a	a	a	a
Medical Records	a	a	a	a
Pharmacy Benefit	N/A	a	a	a
Program Integrity	a	a	a	a
QAPI: Access	a	a	a	a
QAPI: Access – Utilization Management	a	a	a	N/A
QAPI: Measurement and Improvement	a	a	a	a
QAPI: Measurement and Improvement – Health Information Systems	a	a	a	a
QAPI: Structure and Operations- Credentialing	a	a	a	a
QAPI: Structure and Operations – Delegated Services	a	a	a	a

N/A: not applicable

A description of the content evaluated under each domain is as follows:

- § Behavioral Health Services – The evaluation in this area included, but was not limited to, review of policies and procedures related to behavioral health services and coordination of physical and behavioral health services. In addition, file review was conducted to assess coordination of behavioral health and physical health services by the MCO case management program.
- § Case Management/Care Coordination – The evaluation in this area included, but was not limited to, review of policies, procedures, and processes for case management and care coordination for clients of the Department of Community Based Services (DCBS) and the Department for Aging and Independent Living (DAIL); dissemination of information to members and providers; and monitoring, analysis, reporting and interventions. In addition, file review was conducted to assess Service Plans and care coordination for DCBS/DAIL clients and complex case management for those with chronic conditions and complex needs.
- § Enrollee Rights: Enrollee Rights and Protection – The evaluation in this area included, but was not limited to, review of policies and procedures for member rights and responsibilities, PCP changes and Member Services functions.
- § Enrollee Rights: Member Education and Outreach – The evaluation in this area included, but was not limited to, a review of the Member and Community Outreach plan, member informational materials, and outreach activities.

- § Early Periodic Screening Diagnoses and Testing (EPSDT) – The evaluation in this area included, but was not limited to, a review of policies and procedures for: EPSDT services, identification of members requiring EPSDT special services, education/information program for health professionals, EPSDT provider requirements and coordination of services. The review also included a file review of UM decisions and appeals related to EPSDT services and review of the annual EPSDT reports.

- § Grievance System – The evaluation of the Grievance System included, but was not limited to, review of policies and procedures for grievances and appeals, file review of member and provider grievances and appeals, review of MCO program reports on appeals and grievances and QI committee minutes.

- § Health Risk Assessment – The evaluation in this area included, but was not limited to, a review of initial health screenings and plan-initiated contact.

- § Health Information Systems – The evaluation in this area included, but was not limited to, a review of policies and procedures for claims processing, claims payment and encounter data reporting, timeliness and accuracy of encounter data; timeliness of claims payments and methods for meeting Kentucky Health Information Exchange (KHIE) requirements.

- § Medical Records – The evaluation in this area included, but was not limited to, a review of policies and procedures related to confidentiality, access to medical records, advance medical directives and medical records and documentation standards.

- § Pharmacy Benefit – The evaluation in this area included, but was not limited to, a review of policies and procedures for pharmacy benefit requirements; structure of pharmacy program; pharmacy claims and rebate administrations; drug utilization review; and pharmacy lock-in program. In addition, this review included evaluation of the Preferred Drug List and authorization requirements.

- § Program Integrity – The evaluation in this area included, but was not limited to, review of MCOs' policies and procedures, training programs, reporting and analysis; compliance with Annual Disclosure of Ownership (ADO) and financial interest provisions; and file review of program integrity cases.

- § Quality Assessment and Performance Improvement (QAPI): Access – The evaluation of this area included, but was not limited to review of policies and procedures for direct access services; provider access requirements; program capacity reporting; evidence of monitoring program capacity and provider compliance with hours of operation and availability.

- § Quality Assessment and Performance Improvement (QAPI): Measurement and Improvement – The evaluation in this area included, but was not limited to, review of: Quality Improvement (QI) Program Description, Annual QI Evaluation, QI Work Plan; QI Committee structure and function including meeting minutes; Performance Improvement Projects (PIPs); performance measure reporting and clinical practice guidelines.

- § Quality Assessment and Performance Improvement (QAPI): Structure and Operations: Credentialing– The evaluation in this area included, but was not limited to, review of the policies and procedures related to the credentialing and recredentialing of network providers and enrollment of out-of-network providers. Additionally, file review of credentialing and recredentialing for PCPs and specialists was conducted.

- § Quality Assessment and Performance Improvement (QAPI): Structure and Operations – Delegated Services – The evaluation in this area included, but was not limited to, review of subcontractor contracts and subcontractor oversight, including subcontractor reporting requirements and conduct of pre-delegation evaluations and annual, formal evaluations.
- § Quality Assessment and Performance Improvement: Access – Utilization Management (UM) – The evaluation in this area included, but was not limited to, review of UM policies and procedures; UM committee minutes; and UM files.

The MCOs' responses to prior year recommendations are evaluated during the compliance review. IPRO evaluated the MCOs' progress related to the 2013 review recommendations, except for Humana-CareSource since it began operation in 2013, making the 2014 compliance review Humana-CareSource's first annual review. Humana-CareSource will be given the opportunity to respond to the findings of the 2014 compliance review and this will be included in the 2015 technical report.

In order to make an overall compliance determination for each of the domains, an average score is calculated. This is determined by assigning a point value to each element based on the designation assigned by the reviewer. Each element is scored as follows:

- Full Compliance = 3 points;
- Substantial Compliance = 2 points;
- Minimal Compliance = 1 point;
- Non-Compliance = 0 points; and
- Not Applicable = N/A.

The numerical score for each domain is then calculated by adding the points achieved for each element and dividing the total by the number of elements. The overall compliance determination is assigned as follows:

- Full Compliance – point range of 3.0;
- Substantial Compliance – point range of 2.0–2.99;
- Minimal Compliance – point range of 1.0–1.99;
- Non-Compliance – point range of 0–0.99; and
- Not Applicable – N/A.

Table 3 displays the numerical score and associated overall compliance determination for each domain reviewed for each of the MCOs.

Table 3: Overall Compliance Determination by Review Domain – 2014¹⁶

Tool #/Review Area	CoventryCares of Kentucky		Humana-CareSource		Passport Health Plan		WellCare of Kentucky	
	Point Average	Compliance Determination	Point Average	Compliance Determination	Point Average	Compliance Determination	Point Average	Compliance Determination
1. QI/MI	2.90	Substantial	2.86	Substantial	2.92	Substantial	3.00	Full
2. Grievances	2.71	Substantial	2.62	Substantial	2.88	Substantial	2.92	Substantial
3. HRA	1.50	Minimal	2.43	Substantial	2.43	Substantial	2.20	Substantial
4. Credentialing/Recredentialing	2.00	Substantial	2.89	Substantial	2.90	Substantial	2.82	Substantial
5. Access	2.83	Substantial	2.96	Substantial	2.91	Substantial	2.74	Substantial
5a. UM	2.75	Substantial	2.29	Substantial	2.86	Substantial	N/A	N/A
6. Program Integrity	1.65	Minimal	2.99	Substantial	3.00	Full	2.88	Substantial
7. EPSDT	2.83	Substantial	2.90	Substantial	2.80	Substantial	3.00	Full
8. Delegation	2.83	Substantial	3.00	Full	3.00	Full	2.80	Substantial
9. Health Information Systems	3.00	Full	3.00	Full	3.00	Full	3.00	Full
10. Care Management	2.73	Substantial	2.53	Substantial	2.59	Substantial	2.80	Substantial
12a. Enrollee Rights	0.09	Non-Compliance	2.90	Substantial	3.00	Full	2.93	Substantial
12b. Member Outreach	N/A	N/A	3.00	Full	3.00	Full	3.00	Full
13. Medical Records	2.50	Substantial	2.98	Substantial	2.85	Substantial	3.00	Full
15. Behavioral Health Services	2.50	Substantial	2.83	Substantial	2.79	Substantial	2.68	Substantial
16. Pharmacy Services	N/A	N/A	2.62	Substantial	3.00	Full	3.00	Full

N/A: not applicable

As described previously, each element in each domain received a compliance designation: Full Compliance, Substantial Compliance, Minimal Compliance, Non-Compliance, or Not Applicable. Upon receipt of the final findings, the MCOs are instructed that a response must be provided for all elements assigned Full Compliance with a recommendation and all elements designated Substantial Compliance. A Corrective Action Plan (CAP) must be submitted for all elements deemed Minimal Compliance or Non-Compliance.

Table 4 displays the number of elements for each domain that required a corrective action plan by MCO.

¹⁶ Detailed results for each review domain for all MCOs are available in the final Compliance Review Tools, available on the DMS Quality web page beginning in Q1 2015.

Table 4: Elements Requiring Corrective Action by Review Area – 2014

Tool#/Review Area	CoventryCares of Kentucky		Humana-CareSource		Passport Health Plan		WellCare of Kentucky	
	# of Elements Requiring Corrective Action	Total # of Elements Reviewed	# of Elements Requiring Corrective Action	Total # of Elements Reviewed	# of Elements Requiring Corrective Action	Total # of Elements Reviewed	# of Elements Requiring Corrective Action	Total # of Elements Reviewed
1. QI/MI	0	90	3	86	2	99	0	89
2. Grievances	2	28	7	82	2	82	0	13
3. HRA	3	4	2	7	0	7	2	5
4. Credentialing/Recredentialing	0	1	2	79	2	80	0	11
5. Access	0	6	1	78	1	78	0	19
5a. UM	0	4	9	49	2	49	N/A	N/A
6. Program Integrity	9	20	0	115	0	116	1	23
7. EPSDT	0	6	0	20	0	20	0	5
8. Delegation	0	6	0	34	0	34	0	5
9. Health Information Systems	0	11	0	11	0	11	0	11
10. Care Management	1	12	5	32	5	32	1	10
12a. Enrollee Rights	22	23	2	86	0	85	0	14
12b. Member Outreach	N/A	N/A	0	18	0	18	0	13
13. Medical Records	0	4	0	40	1	40	0	9
15. Behavioral Health Services	0	8	1	53	1	53	1	19
16. Pharmacy Services	N/A	N/A	1	13	0	13	0	6
Total #/% of Elements Requiring Corrective Action	37/223	17%	33/803	4%	16/817	2%	5/252	2%

Note: The number (#) of elements reviewed for each domain and in total varies by MCO since the # of elements designated "not applicable" varied.

N/A: not applicable

2014 Medicaid Compliance Review Findings for Contract Year 2013: All MCOs

This section contains a summary of the current year findings. Common strengths and standards/elements found not fully compliant across the four MCOs are described.

Table 5: 2014 Medicaid Managed Care Compliance Review Findings by Domain – All MCOs

2014 Medicaid Managed Care Compliance Review Findings (Review Year 2013)	
Review Domain	Summary of Review Findings
Behavioral Health Services	<p>The Behavioral Health Services Domain was reviewed for each of the four (4) MCOs.</p> <ul style="list-style-type: none">§ All MCOs achieved Substantial Compliance with scores ranging from 2.50 to 2.83 of 3.0 total points.§ Three of four (3 of 4) MCOs had one element each that required corrective action (rated Minimal or Non-compliant). The fourth MCO had no elements requiring corrective action.§ Most instances of less than full compliance were related to the content of the MCOs policies and procedures not fully addressing all regulatory and contract language.§ Two (2) MCOs' behavioral health hotlines had some gaps in meeting the required performance metrics.§ Three (3) MCOs did not fully meet the policy and/or training requirements for the behavioral health hotline to serve more than one program area.§ One (1) MCO had some gaps in access to behavioral health providers in 2013, but added 156 providers to its network in 2014.§ A pilot file review was conducted to assess physical health and behavioral health coordination. Performance varied across the four (4) MCOs.
Case Management/ Care Coordination	<p>The Care Management/Care Coordination Domain was reviewed for each of the four (4) MCOs.</p> <ul style="list-style-type: none">§ All MCOs achieved Substantial Compliance with scores ranging from 2.53 to 2.80 of 3.0 total points.§ The number of elements requiring corrective action ranged from one to five (1 to 5) across the four (4) MCOs.§ Many instances of less than full compliance were related to the content of the MCOs policies and procedures not fully addressing all regulatory and contract language.§ Two (2) MCOs did not fully address the required policies and procedures for coordination with school-based/early intervention services.§ Three of four (3 of 4) MCOs did not meet the requirements for tracking, analyzing, reporting and, when necessary, developing corrective actions for indicators that measure utilization, access, complaints and grievances, and satisfaction with care and services for the DCBS population.§ The Care Coordination File Review assessed overall coordination of care efforts, including assessment, care plan development, and facilitation and coordination of services. All of the MCOs performed well in this area.§ The Complex Care Management File Review assessed overall coordination of care efforts for members with complex needs. All of the MCOs performed well in this area.§ The Service Plan File Review assessed the presence of the DCBS Service Plan in the members' files and coordination of care between the MCOs and DCBS. Each of the MCOs faced challenges related to obtaining complete Service Plans

2014 Medicaid Managed Care Compliance Review Findings (Review Year 2013)	
Review Domain	Summary of Review Findings
	<p>and all demonstrated efforts to obtain Service Plans and to meet with DCBS regularly.</p> <p>§ The Claims/EPSTD File Review assessed the extent to which enrolled DCBS clients received EPSTD services and if not, whether outreach was conducted and the extent of coordination between physical and behavioral health, when applicable. All of the MCOs performed well in this area.</p>
Enrollee Rights and Protections - Enrollee Rights	<p>The Enrollee Rights and Protections: Enrollee Rights Domain was reviewed for each of the four (4) MCOs.</p> <p>§ One (1) MCO achieved Full Compliance; two (2) All MCOs achieved Substantial Compliance; and one (1) MCO was found Non-Compliant. Scores ranged from 0.09 to 3.0 of 3.0 total points.</p> <p>§ The number of elements requiring corrective action ranged from zero to twenty-two (0 to 22) across the four (4) MCOs.</p> <p>§ For the MCO that was Non-Compliant, one omission in policy and procedure for 2013 resulted in the twenty-two (22) deficiencies, but was corrected in 2014.</p> <p>§ Across the other MCOs, deficiencies were related to gaps in policies and procedures.</p>
Enrollee Rights and Protections - Member Outreach	<p>The Enrollee Rights and Protections: Member Outreach Domain was reviewed for three (3) MCOs.</p> <p>§ All three (3) MCOs achieved Full Compliance.</p>
Early and Periodic Screening, Diagnosis and Treatment (EPSTD)	<p>The EPSTD Domain was reviewed for each of the four (4) MCOs.</p> <p>§ One (1) MCO achieved Full Compliance and the remaining three (3) MCOs achieved Substantial Compliance. Scores ranged from 2.80 to 3.0 of 3.0 total points.</p> <p>§ No elements required corrective action across the four (4) MCOs.</p> <p>§ One (1) MCO did not have an adequate system for tracking and member notifications related to EPSTD services.</p> <p>§ One (1) MCO did not fully comply with monitoring PCPs' provision of EPSTD services.</p> <p>§ The EPSTD UM File Review assessed the extent to which the MCOs were compliant with standards for UM authorizations for prior authorization requests related to EPSTD services. Two (2) MCOs were deemed for this area and the remaining two (2) MCOs were fully compliant.</p> <p>§ The EPSTD Appeals File Review assessed the extent to which the MCOs were compliant with standards for processing for appeals related to EPSTD. Three (3) MCOs were fully compliant and the fourth MCO omitted one required clause in its appeals notices.</p>
Grievance System	<p>The Grievance Domain was reviewed for each of the four (4) MCOs.</p> <p>§ All four (4) MCOs achieved Substantial Compliance. Scores ranged from 2.62 to 2.92 of 3.0 total points.</p> <p>§ The number of elements requiring corrective action ranged from zero (0) to seven (7) across the four (4) MCOs.</p> <p>§ Each of the four (4) MCOs did not fully address various requirements in policies and procedures for grievances and appeals. The number of deficiencies varied from one to fourteen (1 to 14).</p> <p>§ The Member Grievance File Review assessed the extent to which the MCOs were compliant with the standards for member grievance processing. In addition, a sample of member appeals specifically related to quality was chosen for</p>

2014 Medicaid Managed Care Compliance Review Findings (Review Year 2013)	
Review Domain	Summary of Review Findings
	<p>review. One (1) MCO was fully compliant with the requirements for member grievance processing; deficiencies for two (2) of the MCOs' files were minimal, while there were more extensive deficiencies in the fourth MCO's files.</p> <p>§ The Provider Grievance File Review assessed the extent to which the MCOs were compliant with the standards for provider grievance processing. One (1) MCO was deemed for Provider Grievance File Review and the other three (3) MCOs were fully compliant with the requirements for provider grievance processing.</p> <p>§ The Member Appeals File Review assessed the extent to which the MCOs were compliant with the standard for member appeals processing. Three (3) MCOs were fully compliant with the requirements for Member Appeal File Review and the fourth MCO's files contained one deficiency across all member appeal files reviewed.</p> <p>§ The Provider Appeals File Review assessed the extent to which the MCOs were compliant with the standard for provider appeals processing. One (1) MCO was deemed for Provider Appeal File Review. Two (2) MCOs were fully compliant with the requirements for provider appeal processing. Several of the fourth MCO's provider appeal files did not contain resolution letters.</p>
Health Information Systems	<p>The Health Information Systems Domain was reviewed for each of the four (4) MCOs.</p> <p>§ All four (4) MCOs achieved Full Compliance. The scores ranged were 3.0 of 3.0 total points.</p>
Health Risk Assessment	<p>The Health Risk Assessment Domain was reviewed for each of the four (4) MCOs.</p> <p>§ Three (3) MCOs achieved Substantial Compliance and the fourth achieved Minimal Compliance. Scores ranged from 1.50 to 2.43 of 3.0 total points.</p> <p>§ The number of elements requiring corrective action ranged from zero to three (0 to 3) across the four (4) MCOs. Note that the total number of elements applicable across the MCOs ranged from four to seven (4 to 7).</p> <p>§ Two (2) MCOs had significant deficiencies with policies, procedures, and processes (multiple elements with Minimal Compliance findings). The other two (2) MCOs had less extensive gaps in their policies and procedures.</p> <p>§ The Health Risk Assessment (HRA) File Review assessed the extent to which the MCOs were compliant with the requirements for health risk assessment of newly enrolled members. All of MCOs faced challenges in obtaining health risk assessments. One (1) MCO developed very aggressive outreach efforts in an attempt to conduct the assessments. However, this resulted in only four (4) completed HRAs, two (2) of which were obtained through in-person outreach. Two (2) of the MCOs were found to have made limited attempts to obtain HRAs; one via phone only and one via mail only. Also, these MCOs' tracking systems were not sufficient for monitoring the outreach attempts and timely completion of the HRA.</p>
Medical Records	<p>The Medical Records Domain was reviewed for each of the four (4) MCOs.</p> <p>§ One (1) MCO achieved Full Compliance and the other three (3) MCOs achieved Substantial Compliance. Scores ranged from 2.50 to 3.0 of 3.0 total points.</p> <p>§ The number of elements requiring corrective action ranged from zero to one (0 to 1) across the four (4) MCOs.</p> <p>§ Each of the three (3) MCOs had varied gaps in their policies, procedures, and processes related to HIPAA standards and provider confidentiality audits; medical record documentation standards/provider audits; and access to records.</p>

2014 Medicaid Managed Care Compliance Review Findings (Review Year 2013)	
Review Domain	Summary of Review Findings
Pharmacy Benefits	<p>The Pharmacy Benefits Domain was reviewed for three (3) MCOs.</p> <ul style="list-style-type: none"> § Two (2) MCOs achieved Full Compliance and the third MCO achieved Substantial Compliance. Scores ranged from 2.62 to 3.0 of 3.0 total points. § The one (1) MCO that was not fully compliant had one (1) element requiring corrective action. § One (1) MCO did not fully address requirements in its policies and procedures for pharmacy benefits related to drug utilization review (DUR) and submission of National Drug Code (NDC) data to DMS.
Program Integrity	<p>The Program Integrity Domain was reviewed for each of the four (4) MCOs.</p> <ul style="list-style-type: none"> § One (1) MCO achieved Full Compliance, two (2) MCOs achieved Substantial Compliance and the fourth MCO achieved Minimal Compliance. Scores ranged from 1.65 to 3.0 of 3.0 total points. § The number of elements requiring corrective action ranged from one to nine (1 to 9) across the three (3) MCOs that did not score Full Compliance. § Each of the three (3) MCOs that did not achieve Full Compliance had gaps in their policies, procedures, and processes related to Program Integrity. Two (2) MCOs had a single gap in policies and procedures, while one (1) MCO had a substantial number of standards found non-compliant. § The Program Integrity File Review assessed the extent to which the MCOs were compliant with the standards for identifying and investigating cases of potential fraud. Two (2) MCOs were fully compliant with all standards, one (1) MCO had minor deficiencies and one (1) MCO had widespread deficiencies.
Quality Assessment and Performance Improvement (QAPI) – Access	<p>The QAPI - Access Domain was reviewed for each of the four (4) MCOs.</p> <ul style="list-style-type: none"> § Each of the four (4) achieved Substantial Compliance. Scores ranged from 2.74 to 2.96 of 3.0 total points. § The number of elements requiring corrective action ranged from zero to one (0 to 1) across the four (4) MCOs. § Two (2) MCOs each had a single gap in policies and procedures related to Direct Access services. The other two (2) MCOs each had five (5) gaps in policies and procedures; one (1) related mostly to policies for provider telephone access and the other related to varied standards.
Quality Assessment and Performance Improvement (QAPI) – Structure and Operations: Credentialing	<p>The QAPI – Structure and Operations: Credentialing Domain was reviewed for each of the four (4) MCOs.</p> <ul style="list-style-type: none"> § Each of the four (4) achieved Substantial Compliance. Scores ranged from 2.00 to 2.90 of 3.0 total points. § The number of elements requiring corrective action ranged from zero to two (0 to 2) across the four (4) MCOs. § Each of the four (4) MCOs did not fully address various requirements in policies and procedures for grievances and appeals. The number of deficiencies related to policies and procedures varied from zero to six (0 to 6). § Three (3) of the MCOs had varied gaps in policies, procedures and processes related to provider selection, recruitment, enrollment and retention. § One (1) MCO had gaps in its policies and procedures for credentialing/recredentialing though this did not impact the file review. § The Credentialing File Review assessed extent to which the MCOs were compliant with the requirements for provider credentialing. Two (2) MCOs were fully compliant with all requirements for credentialing. One (1) MCO had a single item lacking in one (1) credentialing file. The fourth MCO had more widespread deficiencies in its credentialing files.

2014 Medicaid Managed Care Compliance Review Findings (Review Year 2013)	
Review Domain	Summary of Review Findings
	<p>§ The Recredentialing File Review assessed extent to which the MCOs were compliant with the requirements for provider recredentialing. Three (3) MCOs were fully compliant with all requirements for recredentialing. The fourth MCO had more widespread deficiencies in its recredentialing files.</p>
Quality Assessment and Performance Improvement (QAPI) – Structure and Operations: Delegated Services	<p>The QAPI – Structure and Operations: Delegated Services Domain was reviewed for each of the four (4) MCOs.</p> <p>§ One (1) MCO achieved Full Compliance and three (3) MCOs achieved Substantial Compliance. Scores ranged from 2.86 to 3.0 of 3.0 total points.</p> <p>§ There were no elements requiring corrective action for any of the four (4) MCOs.</p> <p>§ The two (2) MCOs that did not achieve Full Compliance each had one gap in policies and procedures for delegation oversight.</p>
Quality Assessment and Performance Improvement (QAPI) – Measurement and Improvement	<p>The QAPI – Measurement and Improvement Domain was reviewed for each of the four (4) MCOs.</p> <p>§ Two (2) MCOs achieved Full Compliance and two (2) MCOs achieved Substantial Compliance. Scores ranged from 2.80 to 3.0 of 3.0 total points.</p> <p>§ The number of elements requiring corrective action ranged from two to three (2 to 3) across the three (3) MCOs that did not achieve Full Compliance.</p> <p>§ One (1) MCO had gaps in its QI Program Description.</p> <p>§ Two (2) MCOs had gaps in the QI Work Plan.</p> <p>§ One (1) MCO had gaps in the integration of physical and behavioral health quality improvement activities.</p> <p>§ One (1) MCO had gaps in its QI Committee structure and functions.</p> <p>§ One (1) MCO had gaps in its Quality and Member Access Committee (QMAC) functions.</p> <p>§ One (1) MCO had difficulties providing requested documentation for EQR reviews and activities.</p> <p>§ One (1) MCO had gaps in its policies and procedures and execution of clinical practice guidelines (CPGs).</p> <p>§ Two (2) MCOs had gaps related to required stratification of HEDIS® data by race, gender, Medicaid eligibility category, and age.</p> <p>§ Two (2) MCOs had gaps in conduct and documentation of Performance Improvement Projects (PIPs).</p> <p>§ The two (2) MCOs that did not achieve Full Compliance each had one gap in policies and procedures for delegation oversight.</p>
Quality Assessment and Performance Improvement (QAPI) - Access: Utilization Management	<p>The QAPI – Access: Utilization Management (UM) Domain was reviewed for three (3) MCOs.</p> <p>§ All three (3) MCOs achieved Substantial Compliance. Scores ranged from 2.29 to 2.86 of 3.0 total points.</p> <p>§ The number of elements requiring corrective action ranged from zero to nine (0 to 9) across the three (3) MCOs that did not achieve Full Compliance.</p> <p>§ Each of the three (3) MCOs did not fully address various requirements in policies and procedures for utilization management. The number of deficiencies related to policies and procedures varied from one to sixteen (1 to 16).</p> <p>§ One (1) MCO had a single gap in policies and procedures for UM, related to appeals processing.</p> <p>§ One (1) MCO had four varied gaps in its policies, procedures, processes and documents for UM.</p> <p>§ One (1) MCO had significant (16) gaps in its policies, procedures, processes and documents for UM, with ten (10)</p>

2014 Medicaid Managed Care Compliance Review Findings (Review Year 2013)	
Review Domain	Summary of Review Findings
	<p>related to the timing of the Notice of Action under various circumstances. These gaps, however, did not impact the file review outcome.</p> <p>§ The Utilization Management File Review assessed the extent to which the MCOs were compliant with the requirements for UM. One (1) MCO was deemed for UM file review. One (1) MCO was fully compliant with all requirements for UM activities. One (1) MCO had issues related to the content of the Notice of Action for all files reviewed.</p>

Validation of Performance Measures

This section of the report summarizes the Medicaid MCOs' reporting of select performance measures followed by results of the HEDIS® 2013 audit.

Kentucky DMS Requirements for Performance Measure Reporting

The 42 CFR §438.358(b)(2) establishes that one of the mandatory EQR activities for the Medicaid Managed Care health plans is the validation of Performance Measures (PMs) reported (as required by the State) during the preceding 12 months. These are defined in §438.240(b)(2) as any national performance measures and levels that may be identified and developed by CMS in consultation with the states and other relevant stakeholders.

DMS requires plans to report a total of 30 measures in the *Healthy Kentuckians (HK)* measure set: 9 HEDIS® measures and 21 *HK* measures developed for the Healthy Kentuckians initiative. These performance measures are listed in Table 6 and Table 7. Additionally, the MCOs are required by contract to report HEDIS® measures data annually to NCQA and the State.

As required by DMS through the plans' Contracts, all non-HEDIS® measures must be validated by an External Quality Review Organization (EQRO). Three MCOs reported performance measures for reporting year 2013, CoventryCares of Kentucky, Passport Health Plan, and WellCare of Kentucky. Humana-CareSource began enrolling members in January 2013 and therefore, was not required to report *HK* performance measures for reporting year 2013. IPRO reviewed all data and documentation used to calculate the performance measures to ensure the validity and reliability of the reported measures.

IPRO's Objectives for Validation of PMs

IPRO conducted the mandatory validation of the Kentucky Medicaid managed care organizations 2013 *HK* measure rates and reviewed the HEDIS® 2013 data submitted by each of the MCOs. The MCOs' reported HEDIS® rates are presented with weighted statewide averages¹⁷ calculated by IPRO and are compared to national Medicaid benchmarks calculated using HEDIS® data from all Medicaid MCOs that reported to NCQA. For the *HK* measures, this report presents the results of the validation and presents the MCOs' rates along with a statewide rate¹⁸ calculated by IPRO.

HEALTHY KENTUCKIANS (HK) CLINICAL OUTCOMES PERFORMANCE MEASURES REPORTING YEAR 2013

As described above, health plans are required by DMS to calculate and report performance measures based on the *HK* goals on an annual basis. These measures are based on Kentucky's goals and objectives in the areas of clinical preventive services and health services. IPRO, the EQRO, validates these measures to determine the extent to which the MCOs followed the specifications established by DMS in calculating the Kentucky Medicaid specific performance measures. The information presented summarizes the validation activities and findings for the Healthy Kentuckians Performance Measure rates for measurement year 2012 (RY 2013).

¹⁷ A weighted average is an average in which some values count more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

¹⁸ The statewide rates for the *HK* measures were calculated using the combined numerators and denominators reported by each MCO. These rates were not weighted since the eligible populations were not reported.

Table 6: Kentucky Medicaid Managed Care HEDIS® Performance Measures – RY 2013

HEDIS® Performance Measures
<p>HEDIS® <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>¹⁹</p> <p>The percentage of members 2–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, assessment/counseling for nutrition and assessment/counseling for physical activity during the measurement year.</p>
<p>HEDIS® <i>Adult BMI Assessment</i>²⁰</p> <p>The percentage of members 18–74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior the measurement year.</p>
<p>HEDIS® <i>Controlling High Blood Pressure</i></p> <p>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.</p>
<p>HEDIS® <i>Annual Dental Visit</i></p> <p>The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.</p>
<p>HEDIS® <i>Lead Screening in Children</i></p> <p>The percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.</p>
<p>HEDIS® <i>Well-Child Visits in the First 15 Months of Life</i></p> <p>The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.</p>
<p>HEDIS® <i>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</i></p> <p>The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.</p>
<p>HEDIS® <i>Adolescent Well-Care Visits</i></p> <p>The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p>
<p>HEDIS® <i>Children's and Adolescents' Access to Primary Care Practitioners</i></p> <p>The percentage of members 12 months–19 years of age who had a visit with a primary care practitioner (PCP). The organization reports four separate numerators:</p> <p>§ Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.</p> <p>§ Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.</p>

¹⁹ See the related State-specific measure: Height and Weight Documented; Appropriate Weight for Height

²⁰ See the related State-specific measures: Counseling for Nutrition and Physical Activity for Adults and Height and Weight Documented; Appropriate Weight for Height

Table 7: Kentucky State-Specific Medicaid Managed Care Performance Measures – RY 2013

State-Specific Performance Measures
<p><i>Prenatal and Postpartum Risk Assessment and Education/Counseling</i> The percentage of pregnant members who delivered between November 6 of the year prior to the measurement year and November 5 of the measurement year who had a prenatal/postpartum visit and received the following prenatal/postpartum services:</p> <ul style="list-style-type: none"> § Tobacco use screening, positive screening for tobacco use, intervention for positive tobacco use screening; § Alcohol use screening, positive screening for alcohol use, intervention for positive alcohol use screening; § Drug use screening, positive screening for drug use, intervention for positive drug use screening; § Assessment and/or education/counseling for OTC/prescription medication use; § Assessment and/or education/counseling for nutrition; § Screening for depression; and § Screening for domestic violence during the first two prenatal visits or the first two prenatal visits after enrollment in the MCO. § Screening for postpartum depression during the postpartum visit. <p>(Note these are reported as thirteen separate numerators.)</p>
<p><i>Cholesterol Screening for Adults</i> The percentage of male enrollees age > 35 years and female enrollees age > 45 years who had an outpatient office visit during the measurement year and appropriate LDL-C/cholesterol screening documented during the measurement year or the four years prior.</p>
<p><i>Height and Weight Documented; Appropriate Weight for Height for Adults</i> The percentage of members 18–74 years of age who had an outpatient visit and who had their height and weight documented and appropriate weight for height during the measurement year or the year prior the measurement year. (Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)</p>
<p><i>Counseling for Nutrition and Physical Activity for Adults</i> The percentage of members 18–74 years of age who had an outpatient visit and who had counseling for nutrition and physical activity. (Note these are reported as two separate numerators.)</p>
<p><i>Height and Weight Documented and Appropriate Weight for Height for Children and Adolescents</i> The percentage of members 2–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had height and weight documented and appropriate weight for height. (Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)</p>
<p><i>Adolescent Preventive Screening/Counseling</i> The percentage of adolescents 12–17 years of age who had at least one well-care/preventive visit during the measurement year with a PCP or OBGYN practitioner and received preventive screening/counseling for: tobacco use; alcohol/substance use; and sexual activity and screening/assessment for depression. (Note: these are reported as four separate numerators.)</p>
<p><i>Individuals with Special Health Care Needs (SHCNs) Access to Care and Preventive Care</i> The percentage of child and adolescent members, ages 12 months through 19 years, in the SSI and Foster categories of aid or who received services from the Commission for Children with Special Health Care Needs, who received the specified services as defined in the HEDIS® specifications.</p> <p><u>Access to Care:</u></p> <ul style="list-style-type: none"> § Children's and Adolescent's Access to Primary Care Practitioners <p><u>Preventive Care Visits:</u></p> <ul style="list-style-type: none"> § Well-Child Visits in the First 15 Months of Life § Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life § Adolescent Well-Care Visits § Annual Dental Visit (Ages 2 – 21)

Table 8 shows the rates for each of the three (3) MCOs and a statewide rate for reporting year 2013 for each of the State-specific performance measures.²¹ The rates for the HEDIS® performance measures (listed in Table 6) are reported later in this section of the Technical Report in Table 10 through Table 12. If a measure was determined “not reportable” an “NR” appears in the rate cell. If a measure had a denominator of less than 30, it is deemed too small to report and “< 30” appears in the cell. The statewide rates were calculated by adding the three (3) MCOs’ denominators, adding the three (3) MCOs numerators, and then dividing the combined numerator by the combined denominator to obtain the statewide rate. If one (1) or more MCOs were not able to report the measure due no eligible population or due to “not reportable” designations, then a statewide rate was not calculated. Instead “N/A” appears. If one (1) or more MCOs had a denominator of < 30 for a measure, the data (numerator and denominator) were included in the statewide rate.

It is important to note that the MCOs’ performance should not be compared. One (1) MCO had a limited and more urban/suburban service area and had been in operation for over ten (10) years, while the other two (2) MCOs served the Kentucky Medicaid population for less than two (2) years (as of June 2013) and had a larger service area with more rural counties.

Table 8: Healthy Kentuckians Performance Measure Rates and Measure Designations – RY 2013²²

Performance Measure Domain	Age Group	Baseline or Pilot Year	Admin/ Hybrid	Measure Name	Description	CoventryCares of Kentucky RY 2013 Rate	Passport Health Plan RY 2013 Rate	WellCare of Kentucky RY 2013 Rate	Statewide RY 2013 Rate
Preventive Care	Adult	Baseline RY 2013	H	Adult Height and Weight	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>height and weight documented</u> during the measurement year or the year prior to the measurement year. <i>REPORTING ONLY.</i>	52.80%	83.89%	< 30	68.63%
Preventive Care	Adult	Baseline RY 2013	H	Adult Healthy Weight for Height	The percentage of members 18–74 years of age who had an outpatient visit and had <u>healthy weight for height</u> during the measurement year or the year prior to the measurement year. <i>REPORTING ONLY.</i>	26.42%	22.63%	< 30	24.12%
Preventive Care	Adult	Baseline RY 2013	H	Adult Counseling for Nutrition	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>counseling for nutrition</u> during the measurement year or the year prior to the measurement year.	17.52%	38.85%	< 30	28.43%

²¹ The complete results for all MCOs, including all performance measure denominators, numerators, and rates as well as validation results are available in the full report and its appendices, “Validation of Reporting Year 2013 Kentucky Medicaid Managed Care Performance Measures – Amended December 2015”, available on the DMS Quality web page beginning in Q1 2015.

²² Some figures in this table differ from the 2013 Validation of Performance Measures Report. Subsequent to report production, it was discovered that some of the rates reported by the MCOs were incorrect due to erroneous changes to the formulas in the reporting tool.

Performance Measure Domain	Age Group	Baseline or Pilot Year	Admin/ Hybrid	Measure Name	Description	CoventryCares of Kentucky RY 2013 Rate	Passport Health Plan RY 2013 Rate	WellCare of Kentucky RY 2013 Rate	Statewide RY 2013 Rate
Preventive Care	Adult	Baseline RY 2013	H	Adult Counseling for Physical Activity	The percentage of members 18–74 years of age who had an outpatient visit and who had <u>assessment/counseling for physical activity</u> during the measurement year or the year prior to the measurement year.	15.19%	30.68%	< 30	23.10%
Preventive Care	Adult	Baseline RY 2013	A	Cholesterol Screening	The percentage of male enrollees age > 35 years and female enrollees age > 45 years who had an outpatient office visit and had <u>cholesterol screening</u> in the measurement year or during the four years prior.	73.89%	84.23%	72.94%	76.94%
Preventive Care	Child	Baseline RY 2013	H	Child and Adolescent Height and Weight	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had both a <u>height and weight documented</u> on the same date of service during the measurement year. REPORTING ONLY.	67.59%	88.96%	69.68%	75.63%
Preventive Care	Child	Baseline RY 2013	H	Child and Adolescent Healthy Weight for Height	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN who had <u>healthy weight for height</u> during the measurement year. REPORTING ONLY.	12.29%	55.83%	13.20%	30.13%
Preventive Care	Child	Baseline RY 2013	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year and received <u>screening/counseling for tobacco use.</u>	36.36%	71.92%	51.02%	52.35%
Preventive Care	Child	Baseline RY 2013	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well- care/preventive visit in measurement year and received <u>screening/counseling for alcohol/substance use.</u>	28.57%	63.70%	30.61%	40.72%
Preventive Care	Child	Baseline RY 2013	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well- care/preventive visit in measurement year and received <u>screening/counseling for sexual activity.</u>	18.83%	55.48%	18.37%	30.65%
Preventive Care	Child	Baseline RY 2013	H	Adolescent Screening/ Counseling	The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year and had <u>screening for depression.</u>	NR	NR	15.65%	NR

Performance Measure Domain	Age Group	Baseline or Pilot Year	Admin/ Hybrid	Measure Name	Description	CoventryCares of Kentucky RY 2013 Rate	Passport Health Plan RY 2013 Rate	WellCare of Kentucky RY 2013 Rate	Statewide RY 2013 Rate
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/ Counseling	The percentage of pregnant members who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year who had screening for tobacco use during one of their first two prenatal care visits/first two prenatal care visits following enrollment in the MCO.	25.06%	87.76%	32.81%	48.32%
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had a <u>positive screening for tobacco use</u> during one of their first two prenatal care visits/first two prenatal care visits following enrollment in the MCO.	NR	31.75%	43.65%	NR
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had <u>intervention for tobacco use</u> during one of their first two prenatal care visits/first two prenatal care visits following enrollment in the MCO.	NR	65.42%	56.36%	NR
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/ Counseling	The percentage of pregnant members who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year who had screening for alcohol use during one of their first two prenatal care visits/first two prenatal care visits following enrollment in the MCO.	20.76%	86.46%	29.43%	45.31%
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had a <u>positive screening for alcohol use</u> during one of their first two prenatal care visits/first two prenatal care visits following enrollment in the MCO.	NR	3.92%	4.42%	NR
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had <u>intervention for alcohol use</u> during one of their first two prenatal care visits/first two prenatal care visits following enrollment in the MCO.	NR	< 30	< 30	NR

Performance Measure Domain	Age Group	Baseline or Pilot Year	Admin/ Hybrid	Measure Name	Description	CoventryCares of Kentucky RY 2013 Rate	Passport Health Plan RY 2013 Rate	WellCare of Kentucky RY 2013 Rate	Statewide RY 2013 Rate
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had <u>screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	21.77%	85.94%	29.17%	45.40%
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had a <u>positive screening for substance/drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	NR	5.76%	8.93%	NR
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had <u>intervention for substance drug use</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	NR	< 30	< 30	NR
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had <u>education/counseling for nutrition</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	9.87%	50.00%	11.72%	23.73%
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had <u>education/counseling for OTC/ prescription medication</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	12.41%	84.11%	18.23%	38.01%
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had <u>screening for domestic violence</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	10.13%	45.05%	15.63%	23.47%
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/ Counseling	The percentage of pregnant members who had <u>screening for depression</u> during one of their first two prenatal care visits or during one of their first two prenatal care visits following enrollment in the MCO.	14.18%	70.83%	20.83%	35.08%

Performance Measure Domain	Age Group	Baseline or Pilot Year	Admin/Hybrid	Measure Name	Description	CoventryCares of Kentucky RY 2013 Rate	Passport Health Plan RY 2013 Rate	WellCare of Kentucky RY 2013 Rate	Statewide RY 2013 Rate
Perinatal Care	N/A	Baseline RY 2013	H	Prenatal Screening/Counseling	The percentage of pregnant members who had <u>screening for postpartum depression</u> during their postpartum visit.	0%	58.39%	46.72%	36.51%
Children with Special Health Care Needs – Access to Preventive Care Measures									
Preventive Care	Child	Baseline RY 2013	A	ISHCN Children's and Adolescents' Access to Care (CAP)	The percentage of · Children 12–24 months who had <u>a visit with a PCP</u> during the MY	98.26%	96.19%	97.71%	97.33%
					The percentage of · Children 25 months–6 years who had <u>a visit with a PCP</u> during the MY	95.45%	90.98%	94.61%	93.63%
					The percentage of · Children 7–11 years who had <u>a visit with a PCP</u> during the MY	N/A	90.56%	N/A	N/A
					The percentage of · Adolescents 12–19 years who had <u>a visit with a PCP</u> during the MY or the year prior	N/A	88.33%	N/A	N/A
Preventive Care	Child	Baseline RY 2013	A	ISHCN Annual Dental Visit (ADV)	The percentage of members 2–21 years who had <u>at least one dental visit</u> during the MY.	60.76%	56.76%	58.48%	58.58%
Preventive Care	Child	Baseline RY 2013	A	ISHCN Well-Child Visits 15 Months (6+ Visits)	The percentage of members who turned 15 months old during the MY and who had <u>six (6) well-child visits</u> with a PCP during their first 15 months of life.	N/A	45.55%	16.67%	N/A
Preventive Care	Child	Baseline RY 2013	A	ISHCN Well-Child Visit 3 to 6 years	The percentage of members 3–6 years of age who received <u>one or more well-child visits</u> with a PCP during the measurement year.	63.18%	72.61%	63.45%	66.55%
Preventive Care	Child	Baseline RY 2013	A	ISHCN Adolescent Well-Care Visit (AWC)	The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit</u> with a PCP or an OB/GYN practitioner during the measurement year.	41.17%	51.38%	37.48%	43.72%

N/A: not applicable; NR: not reportable; < 30: denominator is less than 30 – sample too small to report; A: administrative measure; H: hybrid measure

The rates represent a baseline measurement for each of the MCOs. Where possible, improvement will be assessed with performance measure reporting and validation of the 2014 rates.

For development purposes, for RY 2014, each of the measures was reviewed, incorporating MCO experiences and lessons learned from calculating the measures, the results of the performance measure validation activities, and DMS priorities.

Refinement of Current Measures

Planned efforts toward measure refinement for the 2014 reporting year include the following:

- § Clarifying specifications based on medical record review validation findings and MCO input;
- § All measures that are HEDIS® measures or are based on HEDIS® specifications will be updated to reflect changes in HEDIS® specifications; and
- § All measures will be validated and where necessary/desired either retired or refined.

Development of New Measures

- § No new measures were developed for the 2014 reporting year.
- § Adapting measures from the Adult and/or Child CHIPRA core measure sets for MCO reporting will be considered for future reporting.

NCQA HEDIS® 2013 Compliance Audit

HEDIS® reporting is a contract requirement for Kentucky's Medicaid plans. In addition, the plans' HEDIS® measure calculation is audited annually by an NCQA-licensed audit organization, in accordance with NCQA's HEDIS® Compliance Audit specifications.

As part of the HEDIS® 2013 Compliance Audit, auditors assessed compliance with NCQA standards in the six designated Information Systems (IS) categories, as follows:

- § IS 1.0: Medical Services Data – Sound Coding Methods and Data Capture, Transfer and Entry
- § IS 2.0: Enrollment Data – Data Capture, Transfer and Entry
- § IS 3.0: Practitioner Data – Data Capture, Transfer and Entry
- § IS 4.0: Medical Record Review Process – Training, Sampling, Abstraction and Oversight
- § IS 5.0: Supplemental Data – Capture, Transfer and Entry
- § IS 6.0: Member Call Center Data – Capture, Transfer and Entry
- § IS 7.0: Data Integration – Accurate HEDIS® Reporting, Control Procedures That Support HEDIS® Reporting Integrity

In addition, the following HEDIS® Measure Determination (HD) standards categories were assessed:

- § HD 1.0: Denominator Identification
- § HD 2.0: Sampling
- § HD 3.0: Numerator Identification
- § HD 4.0: Algorithmic Compliance
- § HD 5.0: Outsourced or Delegated HEDIS® Reporting Functions

HEDIS® 2013 MEASURES

For the 2013 reporting year, three (3) MCO's were able to report HEDIS® 2013: CoventryCares of Kentucky, Passport Health Plan, and WellCare of Kentucky. Humana-CareSource was not able to report HEDIS® 2013 as enrollment in the plan was initiated January 2013. Humana-CareSource will report

HEDIS® 2014. The measures required for reporting are listed by domain. MCO rates for all measures are presented in this section²³. The weighted state averages include Kentucky Spirit's data. However, because Kentucky Spirit is not reported in this report, their specific rates are not reported.

Health Plan Descriptive Information

Board Certification (BCR)

- § Family Medicine
- § Internal Medicine
- § OB/GYN
- § Pediatricians
- § Geriatricians
- § Other Physicians

Effectiveness of Care: Prevention and Screening

- § Adult BMI Assessment (ABA)
- § Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)
- § Childhood Immunization Status (CIS)
- § Immunization for Adolescents (IMA)
- § HPV Vaccine for Female Adolescents (HPV)
- § Lead Screening in Children (LSC)
- § Breast Cancer Screening (BCS)
- § Cervical Cancer Screening (CCS)
- § Chlamydia Screening in Women (CHL)

Effectiveness of Care: Respiratory Conditions

- § Appropriate Testing for Children with Pharyngitis (CWP)
- § Appropriate Treatment for Children with URI (URI)
- § Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
- § Use of Spirometry Testing in the Assessment and Diagnosis of COPD (PCE)
- § Pharmacotherapy Management of COPD Exacerbation (PCE)
- § Use of Appropriate Medications for People With Asthma (ASM)
- § Medication Management for People With Asthma (MMA)
- § Asthma Medication Ratio (AMR)

Effectiveness of Care: Cardiovascular Conditions

- § Cholesterol Management for Patients with Cardiovascular Conditions (CMC)
- § Controlling High Blood Pressure (CBP)
- § Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

Effectiveness of Care: Diabetes

- § Comprehensive Diabetes Care (CDC)

Effectiveness of Care: Musculoskeletal

- § Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (ART)

²³ The full reports of HEDIS® data and the Final Audit Reports for each of the MCOs will be available on the DMS Quality web page beginning Q1 2015.

§ Use of Imaging Studies for Low Back Pain (LBP)

Effectiveness of Care: Behavioral Health

§ Antidepressant Medication Management (AMM)

§ Follow-up Care for Children Prescribed ADHD Medication (ADD)

§ Follow-up After Hospitalization for Mental Illness (FUH)

§ Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)

§ Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

§ Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)

§ Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

Effectiveness of Care: Medication Management

§ Annual Monitoring for Patients on Persistent Medications (MPM)

Access /Availability of Care

§ Adults' Access to Preventive/Ambulatory Health Services (AAP)

§ Children and Adolescents' Access to Primary Care Practitioners (CAP)

§ Annual Dental Visit (ADV)

§ Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)

§ Prenatal and Postpartum Care (PPC)

§ Call Answer Timeliness (CAT)

Utilization

§ Frequency of Ongoing Prenatal Care (FPC)

§ Well-Child Visits in the First 15 Months of Life (W15)

§ Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

§ Adolescent Well-Care Visit (AWC)

In Table 9 through Table 12, the MCOs' reported rates and the weighted statewide rate²⁴ are provided when available. The MCO's reported rates are compared to the NCQA HEDIS® 2013 national average for Medicaid HMOs, where possible. An up arrow (↑) means the rate is greater than the NCQA national average. A down arrow (↓) means the rate is lower than the NCQA national average.

HEDIS® Compliance Audits result in audited rates or calculations at the measure level and indicate if the measures can be publicly reported. The auditor approves the rate or report status of each measure and survey included in the audit, as shown below:

- Reportable (R) – a rate or numeric result. The organization followed the specifications and produced a reportable rate or result for the measure.
- Small Denominator (NA) – the organization followed the specifications, but the denominator was too small (< 30) to report a valid rate.
- Benefit Not Offered (NB) – the organization did not offer the health benefit required by the measure.

²⁴ A weighted average is an average in which some values count more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

- Not Reportable (NR) – the organization calculated the measure, but the rate was materially biased, or the organization chose not to report the measure or was not required to report the measure.

Reporting year 2013 was the first year that two of the three MCOs have reported HEDIS®, the exception being Passport Health Plan. As such, it may be difficult to compare these rates to national benchmarks and their peers. In future years such comparison will be more reliable.

HEDIS® *Board Certification* rates illustrate the percentage of physicians in the provider network that were board certified as of the last day of the measurement year (December 31, 2012). Table 9 presents the HEDIS® Board Certification rates for measurement year (MY) 2012 along with the weighted statewide average and a comparison of the MCO rates to the NCQA national average. An up arrow (↑) means the rate is greater than the NCQA national average. A down arrow (↓) means the rate is lower than the NCQA national average.

Table 9: HEDIS® 2013 Board Certification Measures

Measure	CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
Family Medicine	49.18%↓	78.39%↑	38.49%↓	55.35%
Internal Medicine	73.03%↓	77.91%↓	41.89%↓	64.28%
OB/GYN	66.89%↓	71.04%↓	43.52%↓	60.48%
Pediatricians	78.81%↓	79.69%↓	39.00%↓	65.83%
Geriatricians	58.62%↓	100.00%↑	63.33%↓	73.98%
Other Physician Specialists	70.66%↓	67.19%↓	38.30%↓	58.72%

↑: above NCQA national average; ↓: below NCQA national average

In general, Board Certification rates for each of the MCOs and the statewide averages were below the national averages, and represent an opportunity for improvement. WellCare of Kentucky achieved only the 10th percentile benchmark for Geriatric providers and CoventryCares of Kentucky did not meet or exceed the national average for any provider type. Passport Health Plan met the 90th percentile for Geriatricians, and performed better than the national average for Family Medicine Board Certifications.

HEDIS® 2013 Effectiveness of Care measures evaluate how well a health plan provides preventive screenings and care for members with acute and chronic illnesses, including: respiratory illnesses, cardiovascular illnesses, diabetes, behavioral health conditions and musculoskeletal conditions. In addition, medication management measures are included. Table 10 presents the HEDIS® Effectiveness of Care rates for measurement year (MY) 2012 along with the weighted state wide averages and comparison to the NCQA HEDIS® 2013 national average. An up arrow (↑) means the rate is greater than the NCQA national average. A down arrow (↓) means the rate is lower than the NCQA national average.

Table 10: HEDIS® 2013 Effectiveness of Care Measures

Measure	CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
Preventive Care				
Adult BMI Assessment (aba)	NA	76.38%	NA	76.38%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>	18.29%↓	60.49%↑	25.00%↓	32.08%
<i>Counseling for Nutrition</i>	30.09%↓	64.02%↑	31.02%↓	39.61%
<i>Counseling for Physical Activity</i>	24.31%↓	44.37%↑	29.40%↓	30.60%
Childhood Immunization Status: Combo 3 (cis)	68.75%↓	82.74%↑	59.16%↓	75.15%
Immunizations for Adolescents (ima)				
<i>Meningococcal</i>	74.31%↑	75.00%↑	79.86%↑	72.94%
<i>Tdap/Td</i>	78.70%↑	86.95%↑	80.56%↑	80.93%
<i>Combination #1</i>	71.99%↑	73.45%↑	77.08%↑	70.87%
Human Papillomavirus Vaccine for Female Adolescents (hvp) ¹	13.92%	29.40%	11.81%	21.30%
Lead Screening in Children (lsc)	65.51%↓	82.30%↑	59.63%↓	74.29%
Breast Cancer Screening (bcs)	NA	51.67%↑	NA	51.67%
Cervical Cancer Screening (ccs)	47.89%↓	64.11%↓	46.28%↓	49.61%
Chlamydia Screening in Women (chl)	48.98%↓	65.00%↑	47.85%↓	53.58%
Respiratory Conditions				
Appropriate Testing for Children with Pharyngitis (cwp)	63.95%↓	73.57%↑	64.74%↓	66.45%
Appropriate Treatment for Children With URI (uri)	56.40%↓	77.74%↓	61.81%↓	63.60%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	11.53%↓	31.99%↑	30.81%↑	27.05%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)	NA	33.57%↑	NA	33.57%
Pharmacotherapy Management of COPD Exacerbation (pce)				
<i>Systemic Corticosteroid</i>	66.74%↑	38.20%↓	35.37%↓	44.25%
<i>Bronchodilator</i>	84.36%↑	56.01%↓	45.36%↓	57.47%
Use of Appropriate Medications for People With Asthma (asm)	NA	87.88%↑	NA	87.88%
Medication Management for People With Asthma (mma)¹				
<i>Total – Medication Compliance 50%</i>	NA	68.37%	NA	68.37%

Measure	CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
<i>Total – Medication Compliance 75%</i>	NA	47.17%	NA	47.17%
Asthma Medication Ratio (amr) ¹	NA	68.23%	NA	68.23%
Cardiovascular Conditions				
Cholesterol Management for Patients With Cardiovascular Conditions (cmc)				
<i>LDL-C Screening Performed</i>	NA	79.91%↓	NA	79.91%
<i>LDL-C Control (<100 mg/dL)</i>	NA	44.59%↑	NA	44.59%
Controlling High Blood Pressure (cbp)	49.11%↓	62.97%↑	58.68%↑	54.61%
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	87.50%↑	73.42%↓	72.62%↓	75.11%
Diabetes Care				
Comprehensive Diabetes Care (cdc)				
<i>Hemoglobin A1c (HbA1c) Testing</i>	80.37%↓	84.08%↑	86.64%↑	83.38%
<i>HbA1c Poor Control (>9.0%)</i>	52.82%↑	35.57%↓	44.54%↑	47.42%
<i>HbA1c Control (<8.0%)</i>	40.18%↓	55.97%↑	45.32%↓	44.51%
<i>HbA1c Control (<7.0%)</i>	32.08%↓	41.85%↑	32.58%↓	35.00%
<i>Eye Exam (Retinal) Performed</i>	37.14%↓	52.74%↓	35.52%↓	41.91%
<i>LDL-C Screening Performed</i>	71.39%↓	76.99%↑	79.18%	75.27%
<i>LDL-C Control (<100 mg/dL)</i>	26.48%↓	42.54%↑	35.08%↓	32.80%
<i>Medical Attention for Nephropathy</i>	75.34%↓	79.48%↑	80.62%↑	76.67%
<i>Blood Pressure Control (<140/80 mm Hg)</i>	34.25%↓	42.04%↑	39.64%↑	36.76%
<i>Blood Pressure Control (<140/90 mm Hg)</i>	54.19%↓	64.68%↓	58.02%↓	56.67%
Musculoskeletal Conditions				
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis (art)	63.01%↓	44.21%↓	44.62%↓	47.34%
Use of Imaging Studies for Low Back Pain (lbp)	68.84%↓	68.09%↓	66.38%↓	67.96%
Behavioral Health Conditions				
Antidepressant Medication Management (amm)				
<i>Effective Acute Phase Treatment</i>	64.54%↑	60.50%↑	57.70%↑	58.36%
<i>Effective Continuation Phase Treatment</i>	44.44%↑	46.60%↑	46.23%↑	42.98%
Follow-up Care for Children Prescribed ADHD Medication (add)				

Measure	CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
<i>Initiation Phase</i>	NA	29.12%↓	NA	29.12%
<i>Continuation and Maintenance (C&M) Phase</i>	NA	28.83%↓	NA	28.83%
Follow-up After Hospitalization for Mental Illness (fuh)				
<i>30-Day Follow-up</i>	69.15%↑	NB	61.74%↓	62.55%
<i>7-Day Follow-up</i>	41.81%↓	NB	35.92%↓	36.60%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd) ¹	77.39%	75.96%	80.84%	77.59%
Diabetes Monitoring for People With Diabetes and Schizophrenia (smd) ¹	60.28%	60.87%	70.38%	66.27%
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc) ¹	NA	80.00%	NA	80.00%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa) ¹	69.48%	57.63%	68.79%	64.70%
Medication Management				
Annual Monitoring for Patients on Persistent Medications (mpm)				
<i>ACE Inhibitors or ARBs</i>	89.51%↑	91.01%↑	90.03%↑	89.61%
<i>Digoxin</i>	90.72%↑	91.45%↑	90.24%↓	89.77%
<i>Diuretics</i>	89.01%↑	91.02%↑	90.93%↑	90.06%
<i>Anticonvulsants</i>	63.74%↓	59.94%↓	67.13%↑	64.06%
<i>Total</i>	86.82%↑	87.59%↑	88.27%↑	87.21%

¹Measures are new as of HEDIS® 2013. No benchmark rates available for comparison.

NB: No Benefit – The MCO did not offer the health benefit required by the measures (e.g., Dental, Mental Health/Chemical Dependency); NA: The sample size/denominator was too small to report a valid rate;

↑: above NCQA national average; ↓: below NCQA national average

The results of the HEDIS® Effectiveness of Care measures for measurement year (MY) 2012 tended to be below the national averages. Performance was below the national average for all three plans for the following measures: Cervical Cancer Screening in Women, Appropriate Treatment for Children with URI, CDC Eye Exam (Retinal) Performed and Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis. Further, all plans' rates for the Use of Imaging Studies for Low Back Pain measure were below the 10th percentile benchmark.

All plans performed above the national average for the Annual Monitoring for Patients on Persistent Medications: Total measure. Passport Health Plan exceeded the 90th percentile for Childhood Immunization Status: Combination #3. CoventryCares of Kentucky, Passport Health Plan, and WellCare of Kentucky exceeded the 75th percentile for Immunizations for Adolescents: Meningococcal and Combination #1. Passport Health Plan and WellCare of Kentucky each exceeded the 75th percentile for Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis. CoventryCares of Kentucky exceeded the 90th percentile for Antidepressant Medication Management: Effective Acute Phase Treatment and Effective Continuation Phase Treatment, while Passport Health Plan and WellCare of Kentucky both exceeded the 75th percentile for these measures. For several measures CoventryCares of Kentucky and WellCare of Kentucky began operation in 2011 and did not report rates due to small sample sizes.

HEDIS® Access/Availability of Care measures examines the percentages of children and adults who access their PCPs for preventive services, as well as the prenatal and postpartum services for the Medicaid product line. Table 11 presents the HEDIS® Access and Availability Measure rates for measurement year (MY) 2012 along with the weighted state wide averages and comparison to the NCQA HEDIS® 2013 national average. An up arrow (↑) means the rate is greater than the NCQA national average. A down arrow (↓) means the rate is lower than the NCQA national average.

Table 11: HEDIS® 2013 Access and Availability Measures

Measure	CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
Adults' Access to Preventive/Ambulatory Health Services (aap)				
20–44 Years	88.38%↑	85.12%↑	88.15%↑	86.22%
45–64 Years	93.70%↑	90.68%↑	93.26%↑	91.32%
65+ Years	88.79%↑	92.07%↑	93.68%↑	91.31%
Total	90.45%↑	88.22%↑	90.97%↑	88.75%
Children and Adolescents' Access to Primary Care Practitioners (cap)				
12–24 Months	97.94%↑	97.85%↑	97.72%↑	97.65%
25 Months– 6 Years	93.93%↑	89.37%↓	93.61%↑	92.07%
7–11 Years	NA	91.95%	NA	91.95%
12–19 Years	NA	91.64%	NA	91.64%
Annual Dental Visit (adv)	61.07%↑	60.95%↑	61.79%↑	58.86%
Initiation and Engagement of AOD Dependence Treatment (iet)				
Initiation of AOD Treatment: Total	34.84%↓	NB	38.33%↓	38.42%
Engagement of AOD Treatment: Total	6.94%↓	NB	6.76%↓	7.10%
Prenatal and Postpartum Care (ppc)				
Timeliness of Prenatal Care	91.65%↑	85.91%↑	89.10%↑	88.35%
Postpartum Care	58.93%↓	69.35%↑	56.61%↓	62.65%
Call Answer Timeliness (cat)	75.60%↓	69.89%↓	82.51%↓	78.43%

NB: No Benefit – The MCO did not offer the health benefit required by the measures (e.g., Dental, Mental Health/Chemical Dependency); NA: The sample size/denominator was too small to report a valid rate; ↑: above NCQA national average; ↓: below NCQA national average

Statewide, performance measures related to Access and Availability were an area of strength for all three MCOs. Measures for which all three plans performed above the national average include: Adult Access to Preventative/Ambulatory Health Services for all age groups, Children and Adolescents' Access to Primary Care Practitioners for age groups 12–24 Months and 25 Months–6 Years, Annual Dental Visit and Prenatal and Postpartum Care: Timeliness of Prenatal Care.

Although strong performance was demonstrated for several Access and Availability rates, there remains opportunity for improvement. CoventryCares of Kentucky and WellCare of Kentucky had rates below the national average for the Postpartum Care measure, as well as the Initiation and Engagement of AOD Dependence Treatment – Engagement of AOD Treatment: Total. In addition, each of the three plans, CoventryCares of Kentucky, Passport Health Plan, and WellCare of Kentucky, reported rates below the national average for the Call Answer Timeliness measure.

HEDIS® Utilization (Table 12) contains four measures that have the same structure as the Effectiveness of Care domain measures, including: Frequency of Ongoing Prenatal Care: 81+ Percent; Well-Child Visits In the First 15-Months of Life: 6+ Visits; Well-Child Visits In the Third, Fourth, Fifth and Sixth Years of Life; and Adolescent Well-Care Visits. They are subject to the same guidelines as the Effectiveness of Care domain for calculation, including the inclusion of all claims. They are also reported as percentages with a higher percentage indicating better performance. Table 12 presents the HEDIS® Utilization Measure rates for measurement year (MY) 2012 along with the weighted state wide averages and comparison to the NCQA HEDIS® 2013 national average. An up arrow (↑) means the rate is greater than the NCQA national average. A down arrow (↓) means the rate is lower than the NCQA national average.

Table 12: HEDIS® 2013 Utilization Measures

Measure	CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
Frequency of Ongoing Prenatal Care: 81+ Percent (fpc)	80.74%↑	78.08%↑	74.88%↑	77.39%
Well-Child Visits in the First 15 Months of Life: 6+ Visits (w15)	62.73%↑	67.98%↑	42.59%↓	63.97%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)	55.79%↓	70.68%↑	61.81%↓	61.82%
Adolescent Well-Care Visits (awc)	45.83%↓	52.46%↑	38.89%↓	43.98%

↑: above NCQA national average; ↓: below NCQA national average

It is notable that all three plans exceeded the 75th percentile benchmark for the measure Frequency of Ongoing Prenatal Care: 81+ Percent of expected visits. None of the three plans reported rates above the national average for Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life measure.

CONSUMER SATISFACTION (CAHPS®) MEASURES REPORTING YEAR 2013

DMS requires that all plans conduct an annual assessment of member satisfaction with the quality of and access to services using the CAHPS® survey. MCOs contract with an NCQA certified survey vendor to conduct this member satisfaction survey for both the adult and child member populations to assess both satisfaction with the MCO and with participating providers. Questions are grouped into categories to reflect satisfaction with service and care. Using AHRQ's nationally recognized survey allows for uniform measurement of consumers' health care experiences and for comparison of results to benchmarks. Through Quality Compass®, NCQA releases benchmarks for both the adult satisfaction survey and the

child/adolescent satisfaction survey. Findings and interventions are reported to DMS and upon request, disclosed to members.

CAHPS® 5.0 Adult Survey

The adult member satisfaction survey was sent to a random sample of members aged 18 years and older as of December 31, 2012, and who were continuously enrolled for at least five of the last six months of 2012. Table 13 presents the HEDIS® CAHPS® 5.0 Adult Survey Measure rates for measurement year (MY) 2012²⁵ along with the weighted state wide averages²⁶ and comparison to the NCQA HEDIS® 2013 national average. An up arrow (↑) means the rate is greater than the NCQA national average. A down arrow (↓) means the rate is lower than the NCQA national average.

Table 13: CAHPS® 5.0 Adult Survey – RY 2013

Measure ¹	CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
Getting Needed Care ²	83.81%↓	86.88%↑	84.48%↓	85.04%
Getting Care Quickly ²	84.06%↓	85.81%↑	86.48%↑	84.82%
How Well Doctors Communicate ²	90.73%↑	89.36%↑	88.77%↑	89.34%
Customer Service ²	86.58%↓	92.41%↑	84.41%↑	87.61%
Rating of All Health Care	67.98%↓	71.99%↑	69.71%↑	68.59%
Rating of Personal Doctor	77.53%↑	81.55%↑	82.89%↑	80.67%
Rating of Specialist Seen Most Often	80.37%↑	85.53%↑	76.29%↓	79.88%
Rating of Health Plan	66.03%↓	84.08%↑	75.52%↑	72.06%

¹ Note: for "Rating of" measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with "Always," "Usually," "Sometimes" or "Never" the Medicaid rate is based on responses of "Always" or "Usually."

² These indicators are composite measures.

↑: above NCQA national average; ↓: below NCQA national average

Each of the plans demonstrated strengths in their CAHPS® 5.0 Adult survey performance. All three plans reported rates above the national average for the following measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service and Rating of Personal Doctor.

CAHPS® 5.0 Child Survey

The child and adolescent member satisfaction survey was sent to the parent/guardian of randomly sampled members age 17 years and younger as of December 31, 2012, and who were continuously enrolled for at least five of the last six months of 2012. Table 14 displays the reported rates for each of the MCOs for selected survey items and composite measures²⁷ as well as a weighted statewide average²⁸.

²⁵ The full reports of CAHPS® data for each of the MCOs will be available on the DMS Quality web page beginning Q1 2015.

²⁶ A weighted rate or average is obtained by combining different numbers according to the relative importance of each. In this case, the MCOs' individual performance rates are combined according to the size of the eligible populations as a portion of the total number of eligible members across all MCOs.

²⁷ The full reports of CAHPS® data for each of the MCOs will be available on the DMS Quality web page beginning Q1 2015.

²⁸ A weighted average is an average in which some values count for more than others. In this case, the MCOs with greater eligible populations were counted more toward the statewide average.

Table 14: CAHPS® 5.0 Child Survey – RY 2013

Measure ¹	CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Weighted Statewide Average
Getting Needed Care ²	90.61%↑	88.36%↑	91.49%↑	88.63%
Getting Care Quickly ²	94.27%↑	93.60%↑	94.23%↑	93.04%
How Well Doctors Communicate ²	93.37%↑	94.73%↑	94.46%↑	94.69%
Customer Service ²	88.99%↑	90.89%↑	85.22%↓	87.46%
Rating of All Health Care	79.87%↓	87.05%↑	82.22%↓	81.59%
Rating of Personal Doctor	88.45%↑	88.64%↑	86.84%↑	86.91%
Rating of Specialist Seen Most Often	89.44%↑	85.78%↑	81.03%↓	84.08%
Rating of Health Plan	80.46%↓	92.19%↑	77.94%↓	80.71%

¹ Note: for “Rating of” measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with “Always,” “Usually,” “Sometimes” or “Never” the Medicaid rate is based on responses of “Always” or “Usually.”

² These indicators are composite measures.

↑: above NCQA national average; ↓: below NCQA national average

For most of the plans, CAHPS® 5.0 Child survey performance was an area of strength. All plans reported rates above the national average for the following measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate and Rating of Personal Doctor. Passport Health Plan exceeded the 90th percentile for all measures except Rating of Personal Doctor and Rating of Specialist Seen Most Often.

Validation of Performance Improvement Projects

This section of the report presents the results of IPRO’s evaluation of the Medicaid Performance Improvement Projects (PIPs) submitted for calendar year 2013²⁹. The assessments were conducted using a tool developed by IPRO and consistent with CMS EQR protocols for PIP validation.

The following narratives summarize the PIPs proposed, conducted, or finalized by the Kentucky MCOs during 2011–2013 and IPRO’s validation results.

CoventryCares of Kentucky

Performance Improvement Projects 2012 – 2013

CoventryCares of Kentucky 2013 PIP: Decreasing Non-Emergent/Inappropriate Emergency Room Utilization

Status: Baseline

Proposal Submitted: 8/31/12

Baseline Submitted: 8/31/13

Revised: 3/3/14

²⁹ The full PIP reports for each of the MCOs submitted at the time of the final re-measurement will be available on the DMS Quality web page beginning Q1 2015.

Study Topic Selection

Non-urgent and avoidable emergency department utilization was chosen as a focus for this PIP as a result of increasing non-urgent and avoidable ED use by both adult and child members, and the high costs associated with these visits. Literature cited indicates that Kentucky's ED utilization rate for 2012 was 64.71 per 1,000 member months, higher than the HEDIS® national average of 53.17 per 1,000 member months.

Study Question(s) and Indicator(s)

The study aims to address the following questions:

- Will member education regarding appropriate ED utilization decrease inappropriate and avoidable ED utilization as evidenced by a 2 percentage point reduction in CoventryCares of Kentucky "ED Visits per 1,000 Members" rate for year 2013?
- Does enrollment in case management for members who over-utilize the ED for inappropriate and avoidable visits (defined as having 9 or more ED visits/year) decrease their use of ED visits by 10% from the baseline measure?

The following indicators are used to judge the effectiveness of the planned interventions:

- CoventryCares of Kentucky's *ED Visits per 1,000 Member Months* rate, and
- Number of CoventryCares of Kentucky who over-utilize the ED (defined as having 9 or more ER visits/year) visits during the measurement year.

Study Population and Sampling

No sampling is used to conduct this project. The study includes all Medicaid members, regardless of age, with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment.

Data Collection Procedures and Timeline

The NCQA HEDIS® data is used to measure the Emergency Department utilization component of the ambulatory care measurement. In addition to the HEDIS® measure, members who over-utilize the ED, defined by 9 or more visits per year, are identified using specified ICD-9 codes. The baseline year is CY 2012 (January 1, 2012 through December 31, 2012). The re-measurement years will be CY 2013 (January 1, 2013 through December 31, 2013) and CY 2014 (January 2014 through December 2014).

Interventions/Improvement Strategies

Interventions for this PIP include: notifying PCPs of their patients who over-utilize the ED; case managers making follow-up calls and sending reminder letters regarding follow-up PCP visits to "high-flier" members; and educating the providers and members about the availability of urgent care/ after-hours services, the 24 Hour Nurse Line, appropriate ED utilization and preventive health guidelines and immunization schedules via newsletters, brochures, the member and provider websites. The plan collaborated with local hospitals and developed cooperative interventions to reduce over-utilization and inappropriate utilization of the ED.

Additionally, Case Managers assist members with locating in-network PCPs and Specialists. Barriers to access, such as transportation, are addressed by assisting members with locating and scheduling transportation services to PCP offices. Initial member assessment forms will include a transportation check box to evaluate and track transportation needs.

Data Analysis and Results

Results for the baseline period are shown in Table 15.

Table 15: CoventryCares of Kentucky 2013 PIP: Decreasing Non-Emergent/Inappropriate Emergency Room Utilization

Indicator	Baseline Results	Performance Target
	Rate CY 2012	
HEDIS® Ambulatory Care: Emergency Department (ED) Utilization (1/1/2012–12/31/2012)	81.97/1,000 MM	Decrease rate/1,000 by 2 percentage points or meet the Quality Compass® national average
The number of visits by members with high ED utilization (≥ 9 visits) for specified diagnoses (ICD-9 codes) (1/1/2012–12/31/2012)	11.53%	Decrease visit rate by 10 percentage points
Secondary Indicator: Average # of ED Visits/Month (1/1/2012–12/31/2012)	19,365 Visits/Month	N/A – for tracking purposes only

CY: calendar year; MM: member months; N/A: not applicable

¹ In the PIP report, the MCO incorrectly reported a numerator and denominator for this measure. This is a rate per 1,000 Member months which is not based on numerator/denominator and is not percentage.

Achievement of Improvement

Re-measurement #1 to be submitted 9/2014.

Summary of Strengths and Areas for Improvement

Strengths

- Strong project rationale, including statewide and plan-specific data indicating the need for improvement.
- Possible barriers to care leading to ED use and evidence regarding effective interventions are identified.
- The proposal includes strong evidence of topic relevance to plan.
- A key strength of this PIP is that the current interventions target providers, members, and the health plan staff/processes.

Opportunities for Improvement

The following issues were identified by IPRO reviewers and were addressed:

- Numerator selection for the indicator lacks clarity and may make interpretation of the results difficult to distinguish as it currently combines two cohorts, members with frequent visits (>9 visits) and “High Fliers” (12+ visits). These groups will likely have different barriers, for which the proposal includes different interventions for each cohort, yet the proposal does not offer a clear distinction.
- The plan does not state if and how member condition severity will be reported and interpreted, or how it relates to the project.

- No process measures are included in proposal.

The following issues were identified by IPRO reviewers and were partially addressed:

- It is not clear if the primary intervention for high utilizers, case management, was implemented. CoventryCares of Kentucky replied that the Marcum & Wallace Project is a pilot program, but implementation and related measurements were not reported.
- High utilizers are targeted for intervention, but it is not clear how often data are analyzed to identify the “High Fliers.”

The following issues were identified by IPRO reviewers but were not addressed:

- The initiation date of the Marcum & Wallace Pilot Project is unclear.
- All reported process measures are related to mailings only and are not relevant to the primary intervention for high utilizers.
- The intervention strategy relies largely on mailed materials. CoventryCares of Kentucky should monitor and report the volume of returned mail from members to assess the reach of the interventions.
- The provider intervention, number of visits conducted by Provider Relations staff, should be calculated to show the success of this intervention and to determine if it should be expanded.
- To assess the reach of the intervention, CoventryCares of Kentucky should report the number of members enrolled in this program and any other CM program used for this study.
- Due to seasonal variations that can impact rates in the fall/winter months' data are not comparable for the periods CY 2012 and January through June 2013 as submitted.
- How claims lag impacts the identification of members was not addressed.

Overall Credibility of Results (Interim Findings)

The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the lack of clarity of the indicator(s) and it is not clear whether the intervention strategy is effective in impacting improvement. (This was addressed – the indicators, results and interventions were clarified.)

CoventryCares of Kentucky 2013 PIP: Major Depression: Antidepressant Medication Management and Compliance

Status: Baseline

Proposal Submitted: 8/31/12

Baseline Submitted: 8/31/13

Revised: 3/3/14

Study Topic Selection

CoventryCares of Kentucky selected a topic that addresses a problem which is highly prevalent in Kentucky. Per the literature cited in the proposal, Kentucky ranks as one of the worst states in the nation for prevalence and seriousness of depression (49th out of 50), as well as suicide rates (34th out of 50). The plan identified that rates of adherence to antidepressant therapy are in need of improvement among its adult members, and the study focuses on members age 18 years and older.

Study Question(s) and Indicator(s)

The study aims to address the following questions:

- Will provider and member education and reminders lead to better and more effective treatment for major depression?
- Will provider and member education regarding major depression increase compliance with antidepressant medication prescribed by the PCP by 2 percentage points over the baseline measurement as defined by HEDIS® specifications?
- Will provider and member education lead to a compliant Medication Possession Ratio (MPR) of 0.8 or greater?

The following indicators will be used to judge the effectiveness of the planned interventions:

- The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks);
- The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months); and
- Medication Possession Ratio of members on antidepressant therapy: The average MPR for eligible members over 18 years of age and proportion of eligible members with $MPR \geq 0.80$.

Study Population and Sampling

No sampling is used to conduct this project. The study includes all continuously enrolled Medicaid members meeting HEDIS® 2013 specifications aged 18 years of age or older. The population of interest is all members 18 years of age and older with a new episode of major depression who were treated with antidepressant medication, as identified by HEDIS® 2013 Technical Specifications for Antidepressant Medication Management (AMM) measure.

Data Collection Procedures and Timeline

Administrative data collection is utilized through a programmed pull from claims and encounters, per the HEDIS® specification. The data collection and analysis cycle will be completed once a year. The baseline year is CY 2012 (January 1, 2012 through December 31, 2012). The re-measurement years are CY 2013 (January 1, 2013 through December 31, 2013) and CY 2014 (January 2014–December 2014).

Interventions/Improvement Strategies

Interventions include tracking newly diagnosed members on antidepressant medication for adherence to medication regimen and completing a Behavioral Health Screening Tool for new members enrolled in Case Management. The purpose of the screening tool is to identify members in need of referrals to MHNet. CoventryCares of Kentucky, in collaboration with MHNet, performs Coordination of Care Screenings and Referral Form reviews of member records to assess for diagnostic triggers for depression. CoventryCares of Kentucky and MHNet provide member education regarding the treatment plan and compliance with treatment as well as issuing reminder letters and disseminating educational resources on depression and medication adherence for members and providers via mailings, the member and provider websites and provider fax blasts.

In addition, CoventryCares of Kentucky coordinates with the MCO's pharmaceutical department, MHNet and the Medical Director to identify adherence and omission gap and identify prescribing patterns of PCPs.

Data Analysis and Results

Results for the baseline period are shown in Table 16. Note that CoventryCares of Kentucky submitted a report in September 2013, followed by a revised report in February 2014.

Table 16: CoventryCares of Kentucky 2013 PIP: Major Depression: Antidepressant Medication Management and Compliance

Indicator	Baseline Results	1 st Re-Measurement	Performance Target
Rate (Date) ¹ :	Rate (1/1/2013)	Rate (6/1/2013)	
HEDIS® Antidepressant Medication Management: Acute Phase	45.95%	56.78%	90 th percentile (61.58%)
HEDIS® Antidepressant Medication Management: Continuation Phase	22.88%	36.01%	90 th percentile (42.94%)
Rate (Period) ² :	Rate (1/1/2012–1/1/2013)	Rate (6/1/2012–6/1/2013)	
Average Medication Possession Ratios (MPR) for Members Treated with Antidepressants	0.68MPR	0.81MPR	0.8 MPR
Proportion of Members Treated with Antidepressants with an MPR ≥ 0.8	42.12%	56.34%	NR

NR: not reported; MPR:

¹ The MCO reported the timeframes and results incorrectly. All measurement periods should be a full year. The baseline year for this 2013 PIP should be a full year CY 2012 (HEDIS® 2013). The 1st re-measurement period should be CY 2013 (HEDIS® 2014) and the 2nd re-measurement should be CY 2014 (HEDIS® 2015). The timeline is reported correctly on in the narrative. For the HEDIS® measures, the MCO reported a baseline rate and a re-measurement rate at fixed points in time. It is not clear what timeframe these represent. They may be rolling one-year periods. It is expected that the MCO will correct the reported measurement periods and rates at the next reporting cycle.

² The MCO reported the timeframes and results incorrectly. The baseline year for this 2013 PIP should be the CY 2012. The 1st re-measurement period should be CY 2013 and the 2nd re-measurement should be CY 2014. The timeline is reported correctly on in the narrative. For these MPR measures, the MCO reported a baseline period and a re-measurement period of one year and one day. It is not entirely clear what timeframe these represent. It is expected that the MCO will correct the reported measurement periods at the next reporting cycle.

Achievement of Improvement

Re-measurement #1 to be submitted 9/2014.

Summary of Strengths and Areas for Improvement

Strengths

- There is a strong rationale with multiple literature citations and specific data related to the plan's membership.
- The rationale clearly outlines topic relevance to the plan.
- The interventions address providers and members.
- Major Depressive Disorder (MDD) is highly prevalent and compliance with treatment can have a large positive impact on health outcomes.
- Key strengths include the selected topic and the intention to evaluate disparities.

Opportunities for Improvement

The following issues were identified by the IPRO reviewers and addressed:

- The plan did not clearly outline the numerator and denominator that will be used to monitor compliance, nor did it specify any process measures.
- The proposal did not make clear the plan's interventions to address the barrier of cultural diversity and linguistics.
- The plan may consider including interventions aimed at follow-up for members known to be newly prescribed anti-depressants in order to accentuate the importance of adherence and discourage premature discontinuation.
- Clarifying the indicator specifications, adding process measures to evaluate the interventions, and fine-tuning the intervention strategy were identified by IPRO reviewers and addressed in revised report submission.

The following issues were identified by IPRO reviewers and were partially addressed:

- CoventryCares of Kentucky should include lack of access to pharmacies in the barrier analysis.

The following issues were identified by IPRO reviewers, but were not addressed:

- CoventryCares of Kentucky should stratify the intervention approach based on specific member needs/characteristics.
- CoventryCares of Kentucky should consider interviews/surveys of non-compliant members to determine specific barriers to medication adherence and develop strategies to address barriers identified.

Overall Credibility of Results

The validation findings generally indicate that the credibility of the PIP results is not at risk after the revisions suggested by the EQRO were completed.

CoventryCares 2014 PIP: Secondary Prevention by Supporting Families of Children with ADHD

Status: Proposal

Submitted: 8/30/13

Revised: 11/1/13

Study Topic Selection

CoventryCares of Kentucky selected a topic, Secondary Prevention by Supporting Families of Children with ADHD, that impacts not only children diagnosed with ADHD, but can positively impact the family as well. The number of children who may have ADHD in the CoventryCares of Kentucky membership is estimated between 3,700 and 6,200 children. The 2012 Annual Evaluation reported that ADHD was the most commonly billed diagnosis, with 65,098 claims for the year. Parents of ADHD child with may be under significantly greater stress and demands than the parent of a child without ADHD. Behavior training and/or family therapy has been proven to increase the efficacy of treatment for the affected child, and produce more positive outcomes for the family as a whole.

Study Question(s) and Indicator(s)

The study will aim to address the following questions:

- Will targeted mailings to prescribing providers and to members/families result in new access of behavioral health counseling services, exceeding 5% of targeted members/families? Success is defined as access of family counseling or behavioral therapy occurring within 180 days of initial prescription:
 - 70% of identified members/family to achieve 1 initial psychotherapy visit in this time frame
 - 50% will complete 2 follow-up sessions in the time frame
 - 40% will complete 3 follow-up sessions within the time frame
 - 30% will complete a total of 4 follow-up sessions within the time frame

The following indicators will be used to judge the effectiveness of the planned interventions:

- Proportion of eligible members who complete an initial psychotherapy session post identification of a diagnosis of ADHD by a psychiatrist or non-psychiatric prescribing practitioner.
- Proportion of eligible members who complete an initial psychotherapy session and a follow-up psychotherapy session post identification of a diagnosis of ADHD by a psychiatrist or non-psychiatric prescribing practitioner.
- Proportion of eligible members who complete an initial psychotherapy session and two follow-up psychotherapy sessions post identification of a diagnosis of ADHD by a psychiatrist or non-psychiatric prescribing practitioner.
- Proportion of eligible members who complete an initial psychotherapy session and three follow-up psychotherapy sessions post identification of a diagnosis of ADHD by a psychiatrist or non-psychiatric prescribing practitioner.

Study Population and Sampling

No sampling will be used to conduct this project.

Data Collection Procedures and Timeline

Administrative data collection will be utilized through a programmed pull from claims and encounters. The data collection and analysis cycle will be completed once a year. The baseline year will be CY 2013 (January 2013–December 2013) and the re-measurement years will be CY 2014 (January 2014–December 2014) and CY 2015 (January 2015–December 2015).

Interventions/Improvement Strategies

Planned interventions for this PIP include: educating practitioners regarding MHNNet policies for authorization of treatment for children with behavioral health disorders and distribution of member/family education materials via mailings. Later interventions will include a Fax Blast to all non-psychiatric medical providers about the clinical guidelines for ADHD and how to access the information on the website. Letters and brochures regarding the benefits of psychotherapy and psychopharmacology used in combination will be sent to the member/family and the prescribing provider.

Strengths

- Barrier Analyses reflect the intent of the PIP and provide a good basis for the proposal.

Opportunities for Improvement

The following issues were identified by the IPRO reviewers and addressed:

- Clarify the description of the member population at risk for ADHD and prevalence within CoventryCares of Kentucky.
- The PIP indicators should include numerators and denominators.
- CoventryCares of Kentucky's definition of a control group was removed from the proposal.
- A duplicate CPT code was removed from the proposal.
- CoventryCares of Kentucky should identify the timeframe for psychotherapy sessions after diagnosis of ADHD.
- Revision of Timeline.
- CoventryCares of Kentucky needs to clarify how the Medication Possession Ratio is incorporated into the project. This was removed from the proposal.

The following issues were identified by IPRO reviewers and were partially addressed:

- CoventryCares of Kentucky should define the specific service(s) desired (i.e. support for families) consistently throughout the proposal.
- CoventryCares of Kentucky should add specific timeframes to the intervention table and if the initiatives are one-time or ongoing activities.
- CoventryCares of Kentucky should explore more direct, rather than passive interventions to educate practitioners.

The following issues were identified by IPRO reviewers, but were not addressed:

- CoventryCares of Kentucky should directly state the PIP topic.
- CoventryCares of Kentucky should reword the statement regarding HEDIS® best practice standards for follow up care.
- CoventryCares of Kentucky failed to define "secondary prevention by supporting families."
- The Aim statement does not clearly frame the study questions nor are the rationale, aim, goals, indicators and interventions aligned throughout the proposal.
- CoventryCares of Kentucky should define the options.
- There are no measures relevant to follow-up medication checks as referenced in the Aim Statement.
- The HEDIS® ADHD measure should be removed from the proposal if it is not being measured for this.
- CoventryCares of Kentucky should clarify the index event; initial ADHD prescription or identification of ADHD diagnosis.
- CoventryCares of Kentucky failed to consistently define provider types.
- CoventryCares of Kentucky should define "conjoint counseling" relative to "initial psychotherapy session with a Behavioral Health practitioner" and other therapy types mentioned in the proposal.
- CoventryCares of Kentucky needs to define the ADHD drug classes and codes/source of codes to be used to identify the initial prescription.

- Reference to “collection of data per HEDIS® specifications” and Quality Compass® benchmarks should be removed for non-HEDIS® PIP indicators.
- CoventryCares of Kentucky should more fully describe the intervention for increasing identification of at risk members.
- CoventryCares of Kentucky should clarify the age bands for the members in the pharmacy report list and the performance indicator list.
- The ADHD preventive behavioral health program (PBH) should be described.
- CoventryCares of Kentucky should describe the member education materials to be distributed to members.
- Description of PCP staff education should specifically address content and method.
- Indicate the source of the ADHD clinical guidelines that will be distributed to medical providers.
- Barriers need to be directly paired with interventions that address the root cause.
- CoventryCares of Kentucky needs to clarify if the HEDIS® Improvement Committee (HIC) evaluates non-HEDIS® initiatives.
- CoventryCares of Kentucky needs to address the reference to financial incentives because no incentives are described in this PIP.
- The Intervention Timeline should contain the specific intervention timeframes.
- Additional barrier information should be added in the next reporting period with any revisions to the intervention strategy.
- As an important part of this PIP, “secondary prevention by supporting families” should be measured and evaluated to determine the effectiveness of the interventions related to family.

CoventryCares 2014 PIP: Decreasing Avoidable Hospital Readmissions

Status: Proposal

Submitted: 9/1/13

Revised: 11/1/13

Study Topic Selection

National statistics for 2012 showed that approximately 20% of persons discharged from an in-patient stay require readmission within 30 days of discharge. Various studies concluded that lack of post inpatient follow-up increases readmission rates and research shows that reducing potentially preventable readmissions can improve quality of care while reducing cost. Kaiser’s August 2013 report showed that Kentucky hospitals are major offenders and have been penalized by Medicaid for excessive readmissions under the Hospital Readmissions Reduction program (HRRP).

Study Question(s) and Indicator(s)

The study will aim to address the following question:

- Will the implementation of an enhanced program of member education in conjunction with pre-discharge and timely post discharge follow-up decrease hospital overall readmissions by 2% in year one?

The following indicators will be used to judge the effectiveness of the planned interventions:

- Inpatient Utilization-General Hospital/Acute Care Measure.
- Stratification of rates by region, gender and age.

Study Population and Sampling

The study will include all members, eighteen (18) years of age or older on the date of admission. Exclusion criteria are defined within the proposal. No sampling will be used to conduct this project.

Data Collection Procedures and Timeline

Administrative data collection will be utilized through a programmed pull of referral data from an IDX (Industry Data Exchange) and Inovalon QSI (Quality Spectrum Insight) systems. A standardized query will pull CoventryCares of data to identify members 18 years of age and older, with a hospital inpatient admission of greater than 3 days, who have been discharged. The HEDIS® Inpatient Utilization-General Hospital/Acute Care measure will be used. The data collection and analysis cycle will be completed once a year. The baseline year will be CY 2013 (January 2013–December 2013). The re-measurement years will be CY 2014 (January 2014–December 2014) and CY 2015 (January 2015–December 2015).

Interventions/Improvement Strategies

Planned interventions for this PIP include: sending educational letters to members regarding the importance of PCP follow-up post inpatient discharge and distributing information to internal departments to assist them in preventing avoidable hospital readmissions. Note that “avoidable hospital readmissions” were not defined by CoventryCares of Kentucky.

Achievement of Improvement

The baseline rate is to be submitted 9/2014.

Summary of Strengths and Areas for Improvement

Strengths

- Strong project rationale, including statewide and plan-specific data indicating the need for improvement.
- The rationale outlines topic relevance to the plan’s population.
- Stratification by age, gender and region will provide useful data for targeting identified population and region.

Opportunities for Improvement

The following issues were identified by the IPRO reviewers and addressed:

- CoventryCares of Kentucky revised the project’s baseline measurement period to CY 2013.
- CoventryCares of Kentucky clarified that the 30 day readmission rate will be assessed by this PIP.
- CoventryCares of Kentucky explained that continuous enrollment is not a relevant criterion for this indicator.
- CoventryCares of Kentucky clarified that the Length of Stay (LOS) of 3 days was chosen to define the index stay as this is the minimum for inpatient/non-observation stays.

The following issues were identified by IPRO reviewers and were partially addressed:

- CoventryCares of Kentucky clarified how members will be identified as at risk for readmission and should remove ‘identification of members at risk for readmission’ from the barriers column.
- The interventions introduction should present information regarding actions that directly prevent readmissions.

- CoventryCares of Kentucky should describe what will improve the speed and accuracy of referrals to Care Management/Disease Management (CM/DM) as a result of clinical staff's review of census logs and indicate what is new or changed in this process for the purpose of this PIP.
- CoventryCares of Kentucky should clarify the analysis that will be done and the purpose of the information resulting from discharge planner's receiving reports of members who were readmitted in the past 6 months.
- CoventryCares of Kentucky clarified that the Transitional Care Program (TCP) is not a new program, and therefore, should describe how this program will be enhanced for the purposes of this PIP.
- CoventryCares of Kentucky clarified that the targeting of specific diagnoses is for information gathering and there are not specific interventions for this subpopulation. The plan should clarify the analyses to be done, the purpose of the resulting information and how this program interfaces the PIP.
- CoventryCares of Kentucky should add to the proposal that AHRQ Reengineered Discharge Project (Project RED) will be evaluated for possible use of program components in this PIP. The intervention to embed Care Coordinators in select hospitals and the use of Health Care Coach Consultants are being modified and CoventryCares of Kentucky should add the modified interventions in the revised PIP report when completed.
- CoventryCares of Kentucky should remove barriers that are not relevant to the prevention of readmissions.

The following issues were identified by IPRO reviewers, but were not addressed:

- CoventryCares of Kentucky failed to include process measures in their proposal.
- Only interventions implemented and tested for this project should be included in the list of interventions.
- CoventryCares of Kentucky should consider sending letters (to discharged members) on a rolling basis rather than monthly.
- The proposal does not include barriers such as inaccurate addresses, illiteracy, lack of a PCP relationship and language barriers.
- CoventryCares of Kentucky should explain the use of the Inpatient Utilization-General Hospital/Acute Care measure as this is not a true HEDIS® measure as defined for this PIP.
- CoventryCares of Kentucky should clarify that there may be additions to the list of exclusions by stating that exclusions refer conditions that require multiple admissions for treatment.
- The existing intervention strategy is very broad and general; the use of data to create a targeted, specific intervention strategy may be more effective.
- CoventryCares of Kentucky should include specific timeframes for each intervention. No interventions were planned or proposed for the 2015 project year.
- CoventryCares of Kentucky should consider that mailed letters are a passive intervention and could have minimal impact due to issues around timing and effectiveness of printed materials in the absence of direct contact with the member.
- CoventryCares of Kentucky should clarify how the home health visits will be modified to increase the PIP's effectiveness.

- CoventryCares of Kentucky should modify/enhance their discharge, case management and disease management practices to be relevant to this PIP. The use of only existing programs is not acceptable.
- CoventryCares of Kentucky should describe:
 - Specific collaborative activities between Discharge Planning and Case Management.
 - Discharge Planners' intervention activities with the facilities.
 - How members will be selected for enrollment in Case Management and the new/enhanced features of this process as they relate to this PIP.
 - How members will be selected for enrollment in Disease Management and describe the program's interventions, communications, and information that is tracked.
 - The plan needs to clarify if the Enhanced Case Management (ECM) is a new program developed specifically for this PIP and how the program will interface with and address readmission risk.
 - CoventryCares of Kentucky should explain the "Bridging the Gap Discharge Planning Program" to address if the dedicated program staff will be assigned to specific facilities and if staff will interact face-to-face or via telephone.
- CoventryCares of Kentucky should identify relevant barriers beyond education to include transportation issues, lack of access, appointment availability, ineffective discharge planning, and member non-compliance and align the barriers and interventions.

Humana-CareSource Performance Improvement Projects 2013

Humana-CareSource 2014 PIP: Untreated Depression

Status: Proposal

Submitted: 9/1/13

Revised: 2/18/14

Revised: 8/1/14

Study Topic Selection

Humana-CareSource selected a topic, Untreated Depression, that will address a problem that is highly prevalent among the plan's members, nationwide and globally. Evidence-based guidelines recommend use of antidepressant medication and behavioral therapies, such as psychotherapy, to treat depression. According to the World Health Organization, despite the known effectiveness of treatment for depression, the majority of people in need do not receive it. The Plan will educate providers and members 18 years and older and providers in an effort to promote adherence to medication for depression.

Study Question(s) and Indicator(s)

The study will aim to address the following:

- Can Humana-CareSource increase the number of members with a diagnosis of depression and a prescription for antidepressant medication, who remained on an antidepressant medication?
- Increase the percentage of members 18 years of age and older who remained on an antidepressant medication for at least 84 days (12 weeks) by 10% above.

- Increase the percentage of members 18 years of age and older group who remained on an antidepressant medication for at least 180 days (6 months) by 10% above.

The following indicators will be used to judge the effectiveness of the planned interventions:

- *Effective Acute Phase Treatment*: The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).
- *Effective Continuation Phase Treatment*: The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).

Humana-CareSource determined that the HEDIS® Antidepressant Medication Management indicators could not be used for this PIP. Humana-CareSource began enrollment in January 2013, and therefore, could not use the HEDIS® Antidepressant Medication Management indicators due to lack of members that met the measure's continuous enrollment criteria.

Humana-CareSource submitted revised PIP indicators:

Portion of Days Covered (PDC):

- The percentage of members 18 years or older who met the Portion of Days Covered threshold of 80% percent during the measurement period.

Effective Acute Phase Treatment:

- During the initial 84 days (12 weeks) of treatment the member will have at least 80% of PDC (67.2 days).

Effective Continuation Phase Treatment:

- During the first 180 days (6 months) of continuous treatment the member will have at least 80% of PDC (144 days).

Study Population and Sampling

Initially, the study was to include all continuously enrolled Medicaid members meeting HEDIS® 2013 specifications for the Antidepressant Medication Management (AMM) measure.

For the revised indicators, no sampling will be used. The study will include all continuously enrolled Medicaid members with an initial prescription start date between April 16th and December 31st of the measurement year and either a primary or secondary diagnosis of major depression within 60 days of the Initial Prescription Start Date.

Data Collection Procedures and Timeline

For the revised indicators, administrative data collection will be utilized through a programmed pull from claims and encounters. The data collection and analysis cycle will be completed once a year. The baseline measurement period will be: 4/16/2013–6/29/2014; the interim measurement period will be: 4/16/2014–6/29/2015; and the final re-measurement period will be: 4/16/2014–6/29/2015.

Interventions/Improvement Strategies

Planned interventions include Provider Education/PCP Training (in partnership with Beacon Health Strategies) for PCPs at the Park Duvalle Community Health Center. Members' education will include the importance of prescribed antidepressant medications. A member education article on the role of medication management in the treatment of depression will be published. Additionally, Humana-CareSource will monitor pharmacy refill data for targeted outreach and interventions. In 2015, Provider Education/PCP Training for non-Park Duvalle providers will be conducted. The training may be modified based on feedback from Park Duvalle PCPs and the first measurement results.

Strengths

- Utilizing external collaborators – Park Duvalle Community Health and Beacon.
- Well-developed rationale for the chosen topic supported by plan/national/global statistics.
- Many resources for evidence-based clinical guidelines have been identified.

Opportunities for Improvement

- To complete the Aim statement, Humana-CareSource may consider adding “through member and provider education and care management.”
- Humana-CareSource should include the numerator specification for the indicators in future reports.
- In the next submission of the report, Humana-CareSource should list the process measures referenced in the interventions, e.g., provider pre- and post-tests, medical record audit and case management outreach.

Humana-CareSource 2014 PIP: Emergency Department (ED) Use Management

Status: Proposal

Submitted: 9/1/13

Revised: 2/7/14

Study Topic Selection

Humana-CareSource selected a topic that will assess and monitor utilization of Emergency Departments (EDs) with the goal of decreasing the number of inappropriate ED member visits by both adults and children. Preliminary claims data for January 1 to June 30, 2013 demonstrated a total of 3,417 members had at least 1 ED visit and overall, 118 members incurred 4 or more visits during this time period. Literature cited indicated that patients often have access to primary care, but wish to be seen in the ED for convenience and increases in ED visits may reflect a more general increase in the need for ambulatory care.

Study Question(s) and Indicator(s)

The study will aim to address the following questions:

- Can Humana-CareSource decrease the number of ED visits by Medicaid members residing in the plan's service area?
- Will enrollment in care management and member and provider education reduce the rate of ED visits by 5%?
- Will enrollment in care management and member and provider education reduce the number of members who incur ≥ 4 ED visits in the measurement year?

The following indicators will be used to judge the effectiveness of the planned interventions:

- Humana-CareSource rate of ED visits in the measurement year compared to 2013 baseline data.
- Humana-CareSource rate of members who incurred four (4) or more ED visits in 2014 compared to the 2013 baseline measurement.

The following process measures will be utilized through the intervention phase to judge the effectiveness of the planned interventions:

- Among members with ≥ 4 ED visits, 50% or greater will become actively engaged in the Care Management/Member Self-Management Education with Care Coordination.
- Tracking, trending and analyzing ED use data over time will indicate a downward trend in the number of members with ≥ 4 ED visits.
- Humana-CareSource will obtain data on the magnitude of the problem of primary care access after-hours by performing Secret Shopper calls on 90% of the PCPs.
- 85% or greater of PCPs will receive the provider education training module.

Study Population and Sampling

No sampling will be used to conduct this project. The study will include all Medicaid members, regardless of age, with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment.

Data Collection Procedures and Timeline

Sources of data and information utilized for this PIP will include claims/encounter and enrollment data; Secret Shopper Surveys; other data, such as Triage Nurse Line reports and focus group reports. Members who over-utilize the ED will be identified as those who incurred ≥ 4 ED visits in the measurement year. The baseline measurement period will be: 1/1/2013–12/31/2013; the interim measurement period will be: 1/1/2014–12/31/2014; and the final measurement period will be: 1/1/2015–12/31/2015.

Interventions/Improvement Strategies

Planned interventions include educating members regarding their medical conditions, self-management skills and need for assistance in coordinating care. Member education and newsletter articles will address lack of knowledge that the best healthcare outcomes come from utilizing primary care and other community healthcare providers and receiving preventive care. Additional interventions will target Humana-CareSource staff and provider awareness of after-hours access issues and the impact of insufficient access to primary care.

Strengths

- The rationale is supported by national, Kentucky Medicaid FFS, and preliminary plan-specific statistics including age group, condition and costs.
- Objectives are clearly stated.
- The use of multi-disciplinary team for PIP implementation.
- The proposed statistical testing procedure.

Opportunities for Improvements

- The Aim statement should be measureable; consider adding "through/by targeted care management and member and provider education."
- Numerators and denominators for the process measures should be included in future reports.

Passport Health Plan Performance Improvement Projects 2011–2013

Passport Health Plan 2011 PIP: Dental Care in Children with Special Health Care Needs

Status: Final Report

Proposal Submitted: 9/1/10

Baseline Report: 9/1/11

Interim Report: 9/1/12

Final Report: 9/1/13

Study Topic Selection

This project was chosen because Passport Health Plan's data indicated that children with special health care needs (SSI without Medicare) were less likely to receive dental visits than children without special health care needs (all others).

Study Question(s) and Indicator(s)

The study aimed to answer the following question:

- Can a multidisciplinary strategy targeting the special health care needs of members result in increased, necessary preventive dental care?

The objectives of this project were in support of the plan's mission to improve the health and quality of life of members by:

- Increasing the rate of children with special health care needs who receive an annual dental visit to be consistent or greater than those without special health care needs.
- Increasing the rate of children with special health care needs receiving dental care six percentage points from the CY 2009 rate of 50.76% to 56.76% by project completion.

The following indicator was used to assess the effectiveness of the interventions:

- HEDIS® measure for Annual Dental Visits, as defined in the HEDIS® Technical Specifications.

Study Population and Sampling

No sampling was used in this study. Members eligible for participation in this project were those that met the HEDIS® measure, Annual Dental Visits, criteria and who Passport Health Plan identified as having an eligibility category of SSI without Medicare. Using these criteria, members were targeted for interventions and were automatically included in project interventions.

Data Collection Procedures

Data was collected via Passport Health Plan's annual HEDIS® review. Additionally, member demographic data received from DMS was used to better identify health care disparities within the subpopulation.

Interventions/Improvement Strategies

Interventions for this study included onsite provider education and training regarding appropriate health care for members who have language access issues, integration of preventive dental care into the treatment plans of members currently enrolled in care coordination, stratification of members with known cultural differences who required providers with matching cultural beliefs and telephonic and written outreach to members lacking a dental visit, possibly due to language barrier.

In addition, the plan implemented Cultural and Linguistic Support (CLS) Program activities, upgraded member documentation systems for better collection of member demographic data and participated in community events to educate the public regarding dental exams and transportation services available through Medicaid. To bring awareness to providers, the plan conducted an EPSDT Provider Compliance Audit. Plan staff attended scheduled in-school physical exam visits to obtain information on oral health and identify members in need of a dental exam.

Data Analysis and Results

Table 17 shows the result of the baseline and re-measurement periods. Annual Dental Visit rates for both SSI members and all other members decreased slightly from the baseline measurement.

Table 17: Passport Health Plan 2011 PIP: Dental Care in Children with Special Health Care Needs

Indicators	Baseline Results	1 st Re-Measurement	2 nd Re-Measurement	Performance Target
	Rate CY 2010	Rate CY 2011	Rate CY 2012	
Annual Dental Visit: SSI	52%	51.87%	51.21%	56.76% and ≥ rate for all others
Annual Dental Visit: All Others ¹	62.22%	61.93%	62.06%	N/A

CY: calendar year; N/A: not applicable

¹ This is not a PIP performance indicator. This is a rate or benchmark for comparison for the ISHCN performance rate.

Achievement of Improvement

- At the final re-measurement, Passport Health Plan did not achieve the intended improvement in rates and the disparity between the general population and CSHCN population did not change. The dental screening rate for the "other" population remained stable from baseline: 62.22% to 62.06%, the dental screening rate for SSI declined from 52% to 51.21% (both rates essentially remained stable). The 16% (10 percentage points) gap remained. Passport Health Plan might stratify the indicator rates by age group to determine the group(s) that showed improvement and those that did not. It was recommended that Passport Health Plan explain any factors that may have contributed to the lack of improvement in the Discussion section of the report. Passport Health Plan implemented a multi-faceted and broad intervention strategy, continued its interventions and added new initiatives in 2013, and identified several key groups to target for improvement.

Strengths

- Passport Health Plan chose to address a health problem that is a significant health issue in Kentucky and of particular importance for disadvantaged populations. Improving access to dental care and dental health is consistent with Healthy Kentuckian goals. The topic selection is also supported in the literature and by Passport Health Plan's historical performance for the HEDIS® Annual Dental Visits measure, including comparisons between rates for CSHCN and others. This topic presents a good opportunity for improvement.
- Passport Health Plan identified the following barriers: lack of complete race, ethnicity, and language data for members; lack of member knowledge regarding the importance of dental

care; lack of provider knowledge regarding EPSDT standards for dental care and CLAS requirements; lack of available dental care information in PCP record; lack of member knowledge regarding transportation and dental benefits.

- Passport Health Plan implemented Interventions targeted at members, providers and Passport Health Plan systems and staff.

Opportunities for Improvement

- It is not clear how and to what extent an influx of new members would affect the rates. New members would need to meet continuous enrollment criteria in order to be eligible to receive the services. This impact should be quantified and, if not substantial, other barriers that might explain lack of improvement in the rate should be explored.

Passport Health Plan 2012 PIP: Reduction of Emergency Room Care Rates

Status: Interim Report

Proposal Submitted: 9/1/11

Baseline Report Submitted: 8/31/12

Interim Report Submitted: 8/31/13

Study Topic Selection

Passport Health Plan selected a topic that will address a problem that is highly prevalent among the plan's members, as well as nationwide. Literature cited indicates that, as of a 2008 nationwide study, only 13% of Emergency Department (ED) visits result in hospital admission. Further, Kentucky ranked 6th in the United States for increased emergency room visits in 2003. As higher emergency utilization rates contribute to higher health care costs, it is imperative to reduce inappropriate and preventable uses of the ED.

Study Question(s) and Indicator(s)

The study aims to answer the following question:

- Can a multidisciplinary strategy targeting the appropriate use of Emergency Room care result in decreased Emergency Room usage?

The following indicator is used to assess the effectiveness of interventions:

- HEDIS® Ambulatory Care/Emergency Room Visits measure as defined by the number of Emergency Room visits that did not result in an inpatient stay, divided by the total number of member months for the measurement year.

Study Population and Sampling

No sampling is necessary for this study. The population for this study is identified using the HEDIS® Technical Specifications for the Ambulatory Care/Emergency Room Visits measure.

Data Collection Procedures

Data are collected via Passport Health Plan's annual HEDIS® review. Administrative data is used to identify Emergency Room visits. In addition to these rates, the plan collects data from the DMS Lock-In Program, which identifies members having utilized at least 3 different EDs for non-emergency services, as well as the High ER Utilization Report, which identifies members with 8 or more ER visits within a 12 month period.

Calendar year 2010 data served as baseline. Re-measurement occurs annually.

Interventions/Improvement Strategies

Interventions include distribution of PCP panel reports identifying members with 8 or more ER visits in the past 12 months, referrals to Case Management of these members and placement of Case Managers in provider offices with a high volume of members, high ER utilization and high care gaps.

In addition, member-targeted interventions include member outreach and/or referrals for those presenting to University of Louisville, Kosair Children's Hospital and Hardin Memorial Hospital EDs for non-urgent care, asthma or pregnancy, and distribution of educational materials to members/caregivers on ways to handle common non-urgent medical issues, as well as informative member newsletters and on-hold messages.

Lastly, Passport Health Plan initiated a 24-hour nurse line with a vendor, McKesson.

Data Analysis and Results

Results from the first re-measurement period are shown in Table 18.

Table 18: Passport Health Plan 2012 PIP: Reduction of Emergency Room Care Rates

Indicator	Baseline Results	1 st Re-Measurement	Increase/Decrease	Performance Target
	Rate per 1,000 MM CY 2011	Rate per 1,000 MM CY 2012		
Emergency Room Visits	74.89 ¹	81.3	↑6.41	68.01 ² 72.40

CY: calendar year; ↑: increase in rate; MM: member months

¹ Note that the MCO initially reported a baseline of CY 2010, 70.35 in September 2012, but this was corrected to CY 2011, 74.89 in the September 2013 report.

² The initial performance target reported in the September 2012 report was 68.01. Based on the baseline rate (74.89), the performance target was revised to 72.40 in the September 2013 report.

Achievement of Improvement

No improvement achieved at first re-measurement. In fact, between Baseline CY 2010 and the 1st re-measurement CY 2011, there was an increase in the number of Emergency Room visits. Passport Health Plan indicated that the results were not surprising due to an approximate 3.00% increase of the Passport Health Plan membership from the previous year. A better measure would be the HEDIS® measure which evaluates the number of ED visits against member months, making comparisons more accurate.

Overall Credibility of Results

There were no validation findings which indicate that the credibility of the PIP results is at risk.

Strengths

- Passport Health Plan chose a topic which presented an important opportunity for improvement, based on increasing Emergency Room visit rates and above average Emergency Room visit rates as compared to the Medicaid national average.

- The PIP is based on a strong rationale with identification of the most common diagnoses for ED visits by Passport Health Plan members and reference to reports in the literature.
- The plan implemented a strong intervention strategy involving placing care management staff onsite at selected provider practices to reduce barriers and gaps in care and reduce inappropriate ED utilization, as well as developing and implementing a Lock-In program for members with high ED utilization.

Opportunities for Improvement

- The timeline for the baseline and re-measurement periods should be corrected. Since this is a 2012 PIP, the baseline year should be either the project year (CY 2012) or the year prior (CY 2011). The baseline period CY 2010 does not meet the project timeline requirements, per the DMS contract § 5.6 Performance Improvement Projects.
- Some interventions lacked a full description, including how the interventions would impact ED visit rates. The project could benefit from additional interventions, or revisions to the existing interventions, to address any additional barriers identified during the project implementation.

Passport Health Plan 2012 PIP: Reduction of Inappropriately Prescribed Antibiotics in Children with Pharyngitis and Upper Respiratory Infections

Status: Interim

Proposal Submitted: 9/1/11

Baseline Submitted: 9/1/12

Interim Submitted: 8/30/13

Study Topic Selection

Passport Health Plan, IPRO and DMS collaborated in selecting the topic for this study. In 2011, Passport Health Plan identified URI and Pharyngitis as two (2) of the top five (5) diagnoses for emergency room visits, with 17% of the total cost of prescriptions being for members 18 years or younger with a diagnosis of URI or Pharyngitis. The 2011 HEDIS® results for Appropriate Treatment for Children with URI indicated that an average of 26% were inappropriate prescription habits. Since approximately 73% of the Region 3 Medicaid membership was below 22 years of age, careful surveillance of performance measures related to children is crucial.

Study Question(s) and Indicator(s)

The study aims to answer the following questions:

- Can a multidisciplinary strategy targeting the appropriate use of antibiotics for URI and Pharyngitis in children:
 - Increase provider adherence to the appropriate clinical practice guidelines?
 - Result in a decrease of inappropriate prescribing of antibiotics?
 - Minimize unnecessary pharmaceutical costs?
 - Improve the overall health and quality of life of our members by decreasing antibiotic resistance?

The following indicators are used to assess the effectiveness of the planned interventions:

- HEDIS® Appropriate Treatment for Children with Upper Respiratory Infections (URI) measure.

- HEDIS® Appropriate Testing for Children with Pharyngitis measure.

Study Population and Sampling

No sampling is necessary for this study. The population for this study is identified by using the HEDIS® Technical Specifications Appropriate Treatment for Children with Upper Respiratory Infections (URI) and Appropriate Testing for Children with Pharyngitis.

Data Collection Procedure

Data is collected via Passport Health Plan's annual HEDIS® review. Administrative data is used to identify both the denominator/eligible population and numerator according to the HEDIS® specifications for each measure. The baseline measurement year was CY 2011 (January 2011–December 2011). The re-measurement years are CY 2012 (January 2012–December 2012) and CY 2013 (January 2013–December 2013).

Interventions/Improvement Strategies

Interventions include distribution of pharmacy newsletters, letters to providers, on-hold telephone messages with educational information and posting quick reference guides and other information regarding URI and Clinical Practice Group (CPG) on the Passport Health Plan website. Additionally, the plan collaborates with the Pharmacy Department to conduct outreach/education on appropriate antibiotic usage for provider groups and immediate care centers.

Passport Health Plan implemented additional provider-focused interventions: conducting focused medical record audits for immediate care center providers identified by claims as prescribing antibiotics inappropriately; distributing and posting provider educational materials on appropriate prescribing of antibiotics for children; distributing a "Medical Office Note" on appropriate coding for providers identified as not billing strep test codes; updating clinical practice guidelines for Viral Respiratory Infection and Pharyngitis and posting to Passport Health Plan's website.

Passport Health Plan also initiated an additional member-focused intervention: distributing educational materials on appropriate antibiotic and contacting your PCP first when you are sick.

Data Analysis and Results

Results from the baseline and first re-measurement periods are shown in Table 19.

Table 19: Passport Health Plan 2012 PIP: Reduction of Inappropriately Prescribed Antibiotics in Children with Pharyngitis and Upper Respiratory Infection (URI)

Indicator	Baseline Results	1 st Re-Measurement	Increase/ Decrease Percentage Points	Performance Target
	Rate CY 2011	Rate CY 2012		
Appropriate Testing for Children with Pharyngitis	72.51%	73.57%	↑ 1.06	75.84%
Appropriate Treatment for Children with URI	73.83%	77.74%	↑ 3.91	77.16%

CY: calendar year; ↑: increase in rate

Achievement of Improvement

Both indicators' rates improved from baseline (CY 2011) to interim (CY 2012) measurement; 1.06 percentage point increase in Appropriate Testing for Children with Pharyngitis and a 3.91 percentage point increase in Appropriate Treatment for Children with URI. Member education on appropriate use of antibiotics and provider adherence to the Clinical Practice Guideline remain areas of improvement for Passport Health Plan.

Strengths

- The project differentiates and targets the care provided relative to the indicators by PCPs, urgent care centers, and emergency departments.
- The project targets an important public health issue – inappropriate use of antibiotics, which results in an increase in antibiotic-resistant organisms.
- The project aims to improve clinical care, as well as reduce unnecessary drug costs.
- The project addresses prevalent diagnoses (URI and Pharyngitis) among a large proportion of the membership (child members).
- Passport Health Plan supported its project topic selection with a rationale that included:
 - § An analysis of drug costs;
 - § Historical performance on HEDIS® measures, including trends and benchmarking;
 - § Clinical evidence;
 - § A description of the topic prioritization process; and
 - § Literature citations.

Opportunities for Improvement

- Most of the interventions are passive in nature, i.e., newsletter articles, mailed educational letters, posting information and guidelines on the website, and an on-hold message.
- There do not appear to be any active interventions directed at members.

Passport Health Plan 2014 PIP: Psychotropic Drug Intervention Program (PDIP)

Status: Proposal

Submitted: 8/30/13

Revised: 12/9/13

Study Topic Selection

Passport Health Plan, in collaboration with their behavioral health partner, Beacon Health Strategies, recognizes the increasingly prominent role that psychotropic drugs have in the effective management of mental illness. According to a recent report from the American Psychological Association, the use of psychotropic drugs by Americans increased by 22% from 2001-2010, with one in five adults now taking at least one psychotropic medication. According to a study by the Centers for Disease Control and Prevention (CDC), patients are often receiving psychotropic medications without being evaluated by a mental health professional. Many Americans visit their primary care physician and receive a prescription for an antidepressant or other drugs without being aware of other evidence-based treatments that might work better for them without the risk of side effects. Passport Health Plan's goal is to coordinate with prescribers and members to effectively manage the adherence of prescription drugs, decrease poly-pharmacy and suboptimal dosing.

Study Question(s) and Indicator(s)

The study will aim to address the following question(s):

- Can identifying members and prescribers, along with conducting education to both, improve medication adherence, reduce poly-pharmacy and improve therapeutic dosing of psychotropic medications specifically Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin/Norepinephrine Reuptake Inhibitors (SNRIs)?

The following indicators will be used to judge the effectiveness of the planned interventions:

- Increased SSRI and SNRIs medication adherence as evidenced by an improvement in medication refills (evidenced by pharmacy claims data) and in the HEDIS® Antidepressant Medication Management Acute and Continuation Treatment Phase results.
- Decrease the number of members' non-adherent to SSRI and/or SNRI treatment as evidenced by refill gap of more than 10 days
- Improve the Medication Possession Ratio (MPR) as evidenced by all members with at least 2 prescription refills.
- Decrease poly-pharmacy as evidenced by a decrease in members with duplicative prescriptions from one or more prescribers.
- Decrease the number of members on SSRI and SNRI medication regimens below the usual therapeutic dose parameters.

Passport Health Plan's goal is to improve each of the rates by at least 10% during the course of this project.

Study Population and Sampling

No sampling will be used to conduct this project. The study's denominator will include all members who had a SSRI or SNRI medication filled during the measurement year as identified by pharmacy claims. Each numerator will be stratified by gender, age, race, ethnicity, and county of residence to further evaluate specific opportunities for improvement.

Data Collection Procedures and Timeline

Data will be collected via Passport Health Plan pharmaceutical and medical encounter data to identify members. The Psychotropic Drug Intervention Program (PDIP) Algorithmic Drug Therapy Informatics that will be utilized to identify prescribers and suboptimal dosing is proprietary to Beacon Health Strategies.

The baseline measurement year for this PIP will be CY 2013 (January 2013–December 2013). The re-measurement periods will be CY 2015 (January 2015–December 2015) and CY 2016 (January 2016–December 2016).

Interventions/Improvement Strategies

Passport Health Plan will employ a combination of mailings, phone calls, e-mails, automated messages and faxes targeted at both clinicians and members. Provider performance profiles will be created and distributed. Failure to fill or refill medications will be monitored, especially for members at risk for a higher level of care. Algorithms will be used to identify members' non-adherence to SSRI and SNRIs and prescribers will be notified. Review of pharmacy data will be conducted to identify problematic dosing, poly-pharmacy, and uncoordinated care. Providers will be alerted when a member is prescribed psychiatric medications in the same therapeutic class and/or in multiple classes. Suboptimal dosing will be

identified based on the PDIPs continually updated database of optimal dosages for both children and adults. A 1-800 number has been established and will be staffed by board certified psychiatrists who will provide evidence-based education and support on prescribing and poly-pharmacy for prescribing providers in need of assistance.

Summary of Strengths and Areas for Improvement

Strengths

- The focus of the PIP, psychotropic medications, is an area of behavioral health with substantial opportunity for improvement.
- The PIP has the potential to make a large, positive impact on the health and well-being of members with mental illness.

Opportunities for Improvement

The following issues were identified by the IPRO reviewers and addressed:

- Passport Health Plan clarified Beacon Health Strategies role in the PIP with a description of the Psychotropic Drug Intervention Program (PDIP).
- Passport Health Plan defined the specific class/classes of psychotropic medications targeted by the PIP.
- Passport Health Plan clarified that the project will improve continuity and coordination through Passport Health Plan's notifying providers if more than one prescriber is identified and of issues such as therapeutic duplication.
- Passport Health Plan will stratify the indicators and numerators will be analyzed by gender, age, race, and county of residence.
- Passport Health Plan described Beacon Health's proprietary algorithm – the data used, how reliability and validity will be ensured, how data will be analyzed, and how statistical testing will be conducted.
- Passport Health Plan explained that Beacon Health's proprietary algorithm will identify potential issues such as poly-pharmacy and sub-therapeutic dosing and will notify the providers.
- Passport Health Plan revised the goals, indicators, and interventions so that they are aligned and completed the intervention table to include all required information.
- Passport Health Plan addressed the barrier analysis section and the factors that contribute to issues related to psychotropic medication prescribing and use.

The following issues were identified by IPRO reviewers, but were not addressed:

- Passport Health Plan should include the HEDIS® Antidepressant Medication Management Acute and Continuation Treatment Phase (AMM) measure as a project indicator, because it is listed as an objective.
- Passport Health Plan should describe how the Kentucky mental health information sharing statutes will be addressed.
- Passport Health Plan should include process measures to assess and track the reach and effectiveness of the interventions.
- The PDIP does not appear to be a new intervention designed for this PIP.

- It is possible that baseline results will be impacted if the PDIP intervention was initiated in 4th quarter 2013.
- Passport Health Plan should describe the number of providers to be targeted for interventions and the proportion of Medicaid members potentially impacted.
- Passport Health Plan needs to explain how members “at risk for a higher level of care” are defined and how they will be identified and indicate how the intervention strategy will differ for these members.
- Passport Health Plan should describe the provider profiles, including: measures, the provider and specialty, the number of providers to be profiled, and the source of the benchmarks to be used.
- Passport Health Plan should address the use of “antipsychotic” in the description of the last intervention, rather than “antidepressant.”
- Passport Health Plan should consider access-related barriers such as pharmacy access, limited numbers of providers, and appointment availability that may impact care. Additionally, issues related to member self-discontinuation such as side effects and feeling “better” should be addressed.

Passport Health Plan 2014 PIP: You Can Control Your Asthma! Development and Implementation of an Asthma Action Plan

Status: Proposal

Submitted: 8/30/13

Revised: 12/9/13

Study Topic Selection

For this PIP, Passport Health Plan chose to develop and implement asthma action plans for members identified as having persistent asthma in order to potentially reduce utilization of higher levels of care, such as Emergency Room visits, 23-hour observations, inpatient admissions, and 30-day re-admissions for the primary diagnosis of asthma. According to recent data from the CDC National Asthma Control Program there has been an increase of nearly 15% in people diagnosed with asthma and the Kentucky Asthma Surveillance Report 2009 reported there are an estimated 50 people that die from asthma each year in Kentucky. In 2007, Kentucky experienced 6,000 asthma-related hospitalizations with costs totaling approximately \$62 million. Passport Health Plan 2013 encounter data showed that in the first 6 months of the year, asthma was the second most common disease state after diabetes. Teaching people how to manage asthma on their own is one of the most important parts of controlling the disease and all patients with asthma should develop an individualized asthma action plan with their doctor.

Study Question(s) and Indicator(s)

The study will aim to address the following questions:

- Does predictive modeling to identify members with asthma at risk for use of higher levels of care; a multi-disciplinary approach to member education; and development and implementation of an Asthma Action Plan, prevent utilization of a higher level of care?

The following indicators will be used to judge the effectiveness of the planned interventions:

- Rate of ER visits for a primary diagnosis of asthma.
- Rate of Admissions for a primary diagnosis of asthma.

- Rate of 30-day re-admissions for a primary diagnosis of asthma.
- Rate of 23-hour observations for a primary diagnosis of asthma.
- Rate of appropriate pharmaceutical management: the average number of prescriptions filled per member for [medication not defined].
- Rate of members reporting an increase in self-management skills at intervals of 6, 9, and 12 months after implementation of an action plan. Specifically, the member's ability to identify: asthma triggers, asthma symptoms and when to seek additional medical care.
- Improve member perception of health status and quality of life as evidenced by SF-12 Quality of Life scores administered at the time of the asthma action plan and at 6, 9, and 12 month intervals.
- Overall, by completion of the project, Passport Health Plan desires to see a 10% reduction in ER and inpatient utilization by the population with active Asthma Action Plans and a 10% improvement in medication adherence.

Study Population and Sampling

No sampling will be used to conduct this project. The study will include eligible members 5–64 years of age during the measurement year who are identified as having persistent asthma.

Data Collection Procedures and Timeline

Data will be collected according to NCOA HEDIS® technical specifications for Use of Appropriate Medications for People with Asthma. Additionally, a home-grown predictive modeling tool will identify member's risk for a higher level of care in the next 12 months. Rates for ER utilization, IP utilization, 23 hour observations, and 30-day re-admission rates with a primary diagnosis of asthma and an Asthma Action Plan will be calculated and compared to the 30-day re-admission rates of those without an Asthma Action Plan. Further drill down by gender, age, race, ethnicity, category of aid, and county will occur to determine if additional interventions directed at specific populations are necessary.

Other sources of data collection include: medical record data, member self-reported data on self-management skills, SF-12 Quality of Life Survey and tele-health data.

The baseline measurement year will be CY 2013 (January 2013–December 2013). The re-measurement years will be CY 2014 (January 2014–December 2014) and CY 2015 (January 2015–December 2015).

Interventions/Improvement Strategies

Interventions will include:

- Development of an Asthma Action Plan in conjunction with the member's provider. Clinical staff will attend appointments with members to facilitate development and documentation of the plan. Clinical staff will then conduct frequent follow-up with the members to evaluate compliance with the plan.
- High risk members will be divided into age groups (children ages 5 through 20 and adults ages 21 through 64). This high risk population will receive outreach by a Passport Health Plan Chronic Respiratory Disease Manager. The Disease Manager will conduct education; assist in development of an Asthma Action Plan; and enroll members in ongoing telephonic and face to face education and monitoring.

In addition, Passport Health Plan is investigating telemonitoring to assist members with compliance and evaluate health status and quality of life.

Summary of Strengths and Areas for Improvement

Strengths

- The focus of the study has the potential to make a large impact on the health and well-being of members with asthma.
- The PIP can potentially impact utilization of the Emergency Department, inpatient hospital stays and improve member's connection to a medical home.

Opportunities for Improvement

The following issues were identified by the IPRO reviewers and addressed:

- Passport Health Plan added narrative to explain the rationale for the PIP topic selection.
- Passport Health Plan clarified the predictive modeling tool to be used.
- The Plan revised the PIP proposal to align the goals, indicators, and interventions.
- Passport Health Plan described the 2012 HEDIS® asthma population and included the number within each age group.
- Passport Health Plan identified the specific utilization measures to be analyzed.
- The units of measurement on the graphs were clarified.
- The Plan expanded the PIP indicator data to include ER visits, PCP visits, Specialist visits, and 30-day re-admissions and clarified the re-admissions and PCP visits are with a diagnosis of asthma.
- Passport Health Plan added stratification of the indicator data by gender, age, race, category of aid, and county of residence.

The following issues were identified by the IPRO reviewers and partially addressed:

- Passport Health Plan did not specify which asthma medication will be the subject of the indicator for pharmacy utilization.
- Passport Health Plan did not specify the types of specialists that are included for measuring asthma visits.
- Passport Health Plan presented data for PCP and Specialist visits, but failed to include indicators related to self-management skills, health status/SF-12 score, and medication adherence.
- Though Passport Health Plan described the predictive modeling tool to be 'homegrown' and using pharmacy claims and medical encounters data, the Plan should describe the criteria used to assign "high risk" and how the tool will test for reliability and validity.
- Passport Health Plan addressed how member self-management skills and quality of life/SF-12 will be measured, but did not address how other stated indicators such as member empowerment, how to relieve symptoms, when to contact the doctor, and ability to identify triggers will be evaluated.
- Passport Health Plan should list indicator criteria individually for each of the indicators and include a description of the interventions in the indicator section.

- Passport Health Plan notes that members' knowledge of triggers, symptoms, how to relieve symptoms, and when to call their provider will be assessed via member self-report, but does not describe how these will be reliably and validly collected.
- Passport Health Plan should indicate which interventions are ongoing, one-time, quarterly, or other additional timeframe(s) for each intervention in the intervention table.
- Passport Health Plan clarified that only members identified as high risk will receive interventions, but did not clarify if the interventions are to be directed at both the members identified via the HEDIS® specifications too and how these may differ.
- Though the Plan identified members at high risk will receive targeted interventions, it is not clear if all members with asthma will receive some type of intervention(s).
- Passport Health Plan described interventions intended to achieve decreased inpatient admissions and ER visits, and improve medication adherence, but did not address intervention(s) to remove barriers.
- Passport Health Plan failed to identify barriers other than lack of knowledge, such as access.

The following issues were identified by the reviewers and not addressed:

- Passport Health Plan failed to provide historical data on the number of members with asthma that are considered "high risk."
- Though Passport Health Plan presented data for PCP and Specialist visits, it failed to include these in the project Aim Statement or indicators.
- Passport Health Plan should define "higher level of care" in the Aim Statement.
- Passport Health Plan should clarify the project's goal of 10% improvement.
- Passport Health Plan needs to specifically define the project's indicators.
- Passport Health Plan should clarify which members comprise the denominator for the Asthma Action Plan indicator.
- Passport Health Plan should include the specific data source for each of the indicators in the specifications.
- The Plan failed to describe how the reliability and validity for each data source will be ensured.
- Passport Health Plan should remove peak flows and symptoms from procedures and place them under Interventions only as these do not appear to be indicators.
- Because educational components are included in the Aim Statement, Passport Health Plan should define the components of the education program.
- When the specific Asthma Action Plan is determined, Passport Health Plan should describe it and/or append it to the PIP report.
- Passport Health Plan should include a description of the telemonitoring program when implemented.
- Passport Health Plan should include process measures to assess and track the effectiveness of the interventions.

WellCare of Kentucky Performance Improvement Projects 2012 – 2013

WellCare of Kentucky 2013 PIP: Utilization of Behavioral Health Medication in Children

Status: Baseline

Proposal Submitted: 9/1/12

Baseline Submitted: 9/1/13

Revised: 3/20/13, 7/2/13, 11/1/13, 4/9/14

Study Topic Selection

Behavioral health medication usage in the pediatric population has grown at a tremendous rate. Multiple types of providers are prescribing medication without a clinical evaluation and diagnostic assessment to determine proper treatment and follow-up. As a result, behavioral health medication may be used for purposes that were not originally intended and can result in high medical/pharmaceutical costs.

Study Question(s) and Indicator(s)

The study aims to address the following questions:

- Does implementation of robust primary care provider interventions improve the occurrence of assessment and diagnosis prior to the prescribing of behavioral health medications to pediatric members?
- Does implementation of robust primary care provider and member interventions improve the management and treatment of behavioral health disorders and medication use in the pediatric population?

The following indicators are used to assess the effectiveness of the planned interventions:

- The percentage of members who receive an ADHD diagnosis that have also been prescribed an ADHD medication; and
- The percentage of members who have the recommended follow-up visits after initiation of ADHD medication therapy.

Study Population and Sampling

No sampling is used for this study. The population includes all members 3 to 18 years of age, enrolled as of December 31 of the measurement year, who have been dispensed an ADHD medication.

Data Collection Procedures and Timeline

Administrative data from pharmacy and medical claims and encounters are collected for this project. All data is collected according to plan policies and procedures to ensure validity and reliability. The data analyst attests to the accuracy and validity of the data.

Calendar year 2012 data is the baseline period. Re-measurement will occur annually using CY 2013 and CY 2014 data.

Interventions/Improvement Strategies

Interventions include development and distribution of a provider tool kit on behavioral health diagnosis, management and treatment plans; site visits to identify PCPs prescribing behavioral health medications and letters sent to prescribers who dispense ADHD and/or antidepressant medication when recommended follow-up visits are not conducted.

Interventions targeting at members include development and distribution of educational materials and letters sent to members who were dispensed behavioral health medication and did not have the recommended follow-up visits.

In addition, the plan conducts training with the Provider Relations and Case Management teams regarding behavioral health prescribing patterns. These teams distribute additional educational materials to providers and members.

Data Analysis and Results

Results for the baseline period are shown in Table 20.

Table 20: WellCare 2013 PIP: Utilization of Behavioral Health Medication in Children

Indicator	Baseline Results	Performance Target
	Rate CY 2012	
The proportion of members ages 3–18 years who were dispensed an ADHD medication and that have a diagnosis of ADHD during the measurement year	43.59%	49.59%
The proportion of members ages 3–18 years who were dispensed an ADHD medication who received at least 2 outpatient visits with a prescribing practitioner within 12 months following the initial dispense date	71.81%	76.81%

CY: calendar year, ADHD: attention deficit hyperactivity disorder

Achievement of Improvement

Re-measurement #1 to be submitted 9/2014.

Strengths

- The PIP targets behavioral health care, an often ignored aspect of care for quality improvement and more specifically, pediatric behavioral health care (over/mis-prescribing and utilization of psychotropic medications).
- There is a strong rationale with multiple literature citations and specific data related to plan membership.
- The indicators include specific criteria for member age, diagnoses, and medications.
- The interventions address providers, members and health plan staff.

Opportunities for Improvement

- The timeframe was revised to indicate the baseline year is CY 2012.
- Indicators were not fully described and lacked timeframes necessary to effectively meet the objectives of the PIP.
- The proposal does not reference guidelines for follow-up visits specifically related to ADHD.
- Interventions more broadly address behavioral health diagnosis and management. Some interventions specifically target PCP prescribers of ADHD and/or antidepressant medications.
- Indicators do not address PCP ADHD identification and management.

Overall Credibility of Results (Interim Findings)

The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to performance indicator reflecting ADHD coding practices rather than appropriate diagnostic processes.

WellCare of Kentucky 2013 PIP: Inappropriate Emergency Department Utilization

Status: Baseline

Proposal Submitted: 9/1/12

Baseline Submitted: 9/1/13

Revised: 1/4/13

Study Topic Selection

WellCare of Kentucky selected a topic that will address a problem that is highly prevalent among the plan's members, as well as nationwide. Literature cited shows admitting triage nurses classified 37 percent of all ED visits as having a non-urgent condition. This inappropriate ED utilization is both costly and inefficient, creating longer wait times for those members in need of urgent care. WellCare of Kentucky's project will aim to reduce non-urgent ED utilization.

Study Question(s) and Indicator(s)

The study aims to answer the following question:

- Does implementation of robust member and provider interventions decrease the use of the ED for non-urgent conditions?

The following indicators are used to assess the effectiveness of the interventions:

- HEDIS® measure Ambulatory Care – ED Visits as defined in the HEDIS® Technical Specifications; and
- HEDIS® measure Children and Adolescents' Access to Primary Care Practitioners as defined in the HEDIS® Technical Specifications.

The following additional measures will be monitored:

- Rates for the top 10 ED diagnoses.
- The number of members who access the 24 hour nurse advice line and for whom ER use is averted.
- The number of members who require Case Management outreach for having 6 or more ER visits.

Study Population and Sampling

No sampling is used to conduct this project. The study includes all continuously enrolled Medicaid members who meet the HEDIS® measure criteria.

Data Collection Procedures and Timeline

Data is collected according to the HEDIS® Technical Specifications for the administrative outcome measures: Ambulatory Care – ED Visits and Children and Adolescents Access to Primary Care Practitioners. HEDIS® rates are reviewed and audited by the plan's contracted HEDIS® auditor.

Process measure data are collected by the 24/7 nurse line vendor, CareNet, and obtained from the Kentucky ER Visits report. Data are also obtained from Case Management program's ED high utilization report.

The baseline period for this project is CY 2012. Re-measurement periods are CY 2013 and CY 2014.

Interventions/Improvement Strategies

Interventions include implementation of the Prudent Layperson Standard regarding appropriate ED use; identification of providers with a high volume of panel members seeking ED care; identification and outreach to members with high ED utilization; promoting the 24/7 nurse triage line and development and distribution of educational materials regarding non-urgent conditions and appropriate care for members under 10 years of age. In addition, provider data/ member PCP assignments are reviewed and corrected, where needed.

Data Analysis and Results

Results for the baseline period are shown in Table 21.

Table 21: WellCare 2013 PIP: Inappropriate Emergency Department Utilization

Indicator	Baseline Results	Performance Target ¹
	Rate CY 2012	
Outcome Measures		
HEDIS® Ambulatory Care-ED Visits	86.85/1,000 MM	NR
HEDIS® Children’s and Adolescents’ Access to Primary Care Practitioners (Ages 12-24 months)	97.72%	NR
HEDIS® Children’s and Adolescents’ Access to Primary Care Practitioners (Ages 25 Months-6 Years)	93.61%	NR
HEDIS® Children’s and Adolescents’ Access to Primary Care Practitioners (Ages 7-19 Years)	NR ²	NR
Process Measures ³		
Top 10 ED Diagnoses (Ages < 1 year, 1-19 years, 20-44 years, 45-64 years, 65+ years)	N/A ⁴	N/A
Number of member calls to 24-Hour Nurse Line with ED Diversion (CareNet vendor reports)	65.36%	N/A
Number of members needing Case Management Outreach due to ≥ 6 ED Visits	2,742 Members	N/A

MM: member months; N/A: not applicable; NR: not reported; ED: emergency department

¹ The MCO did not report specific performance targets for the PIP outcome measures.

² Measure cannot be reported until 2014 due to continuous enrollment criteria.

³ A performance target is not applicable for the process measures

⁴ Quantitative results are not applicable for this measure; it is a list of top 10 diagnoses.

Achievement of Improvement

Re-measurement #1 to be submitted 9/2014.

Strengths

- The PIP targets inappropriate emergency department utilization, which impacts both quality of care and cost of care for improvement and is also a key challenge for Medicaid populations, especially those new to managed care.
- There is a strong rationale with multiple literature citations and specific data related to plan membership.

- The relevance to plan membership is supported by data, i.e., proportion of ED claims by age group and top ten diagnoses.
- The charts provide a very effective presentation of the project rationale.
- The interventions address providers, members and health plan staff.

Opportunities for Improvement

- High-utilizers' diagnoses may not be the same as the overall high-volume diagnoses. It would be beneficial to identify common diagnoses of high-utilizers, since those members appear to be a target of interventions. This background information can potentially inform intervention development.
- The HEDIS® indicator Ambulatory Care – Emergency Department Visits might be further stratified for purposes of this project. This will allow WellCare of Kentucky to develop more specific, targeted interventions which will increase the likelihood of achieving improvement.
- Several of the interventions appear to require ongoing plan activities, such as monitoring and resolving complaints and monitoring access to care. Interventions should include only activities implemented for this project for the purpose of decreasing Emergency Department utilization.
- Related to the aim of establishing a PCP linkage/medical home, the PIP could benefit from additional PCP assignment interventions.
- The plan might also consider collaboration with participating hospitals/EDs in order to receive concurrent notification of member ED visits.

Overall Credibility of Results (Interim Findings)

The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution as the process measures as written cannot be interpreted clearly over time.

WellCare of Kentucky 2014 PIP: Management of Chronic Obstructive Pulmonary Disease

Status: Proposal

Submitted: 9/1/2013

Revised: 12/09/2013

Study Topic Selection

WellCare of Kentucky selected the topic of Management of Chronic Obstructive Pulmonary Disease because HEDIS® rates for Pharmacotherapy Management of COPD Exacerbation (PCE) and re-admission rates for members diagnosed with COPD indicated a need for improvement. HEDIS® 2013 results for Pharmacotherapy Management of COPD Exacerbation (PCE) indicate that 45.36% of members were dispensed a systemic corticosteroid within 14 days of discharge from an acute inpatient setting or emergency department for a COPD exacerbation. Both rates place WellCare of Kentucky below the Medicaid Quality Compass 10th percentile. Research indicates that the prevalence of COPD in Kentucky is among the highest in the world and according to the Burden of Obstructive Lung Disease (BOLD) initiative, subjects in southeastern Kentucky accounted for 14% of reported COPD cases, the second highest rate for any group studied. This PIP aims to increase appropriate testing for COPD and pharmacotherapy management of COPD exacerbations, but also decrease hospital readmission rates for COPD.

Study Question(s) and Indicator(s)

The study will aim to address the following questions:

- Do robust interventions increase the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who
 - § Receive appropriate Spirometry testing to confirm diagnosis?
 - § Are dispensed a systemic corticosteroid medication within 14 days of discharge from an acute inpatient hospitalization or ED encounter due to a COPD exacerbation?
 - § Are dispensed a bronchodilator within 30 days of discharge from an acute inpatient hospitalization or ED encounter due to a COPD exacerbation?
- Do robust interventions aimed at improving assessment and management of COPD affect
 - § Re-admission rates within 7 days of discharge from an acute inpatient hospitalization due to a COPD exacerbation?
 - § Re-admission rates within 30 days of discharge from an acute inpatient hospitalization due to a COPD exacerbation?

The following indicators will be used to judge the effectiveness of the planned interventions:

- Increase HEDIS® rates for Use of Spirometry Testing in the Assessment and Diagnosis of COPD to 50th percentile over a three year time period.
- Increase HEDIS® rates for Pharmacotherapy Management of COPD Exacerbation to 50th percentile over a three year time period.
- Decrease re-admission rates by 50 percent for members having an acute hospitalization due to COPD exacerbation.
- Increase the rate of members who receive member outreach within 24 hours of discharge from an acute hospitalization for COPD.
- Educational information, focused on COPD Clinical Care Guidelines and Discharge Planning, will be provided to facilities that have been identified as having a re-admission rate for COPD of 11% or higher within 30 days of discharge for a hospitalization for COPD. The goal is to decrease the rate of facilities/hospitals requiring education/coaching based on re-admission rates for COPD.
- Education information, focused on COPD Clinical Care Guidelines, will be provided to Primary Care Physicians that have been identified as having members who have not been prescribed appropriate corticosteroids or bronchodilators within the appropriate time frames following treatment for a COPD exacerbation. The goal is to decrease the rate of providers requiring education/coaching based on members who are non-compliant with the PCE measures.
- Educational information, focused on COPD Clinical Care Guidelines, will be provided to Primary Care Physicians that have been identified as having members who have a new diagnosis of COPD without a corresponding claim for Spirometry.

Study Population and Sampling

The study includes all continuously enrolled Medicaid members who meet the HEDIS® measure criteria.

Data Collection Procedures and Timeline

Data will be collected according to NCOA HEDIS® technical specifications for Spirometry Testing in the Assessment and diagnosis of COPD and Pharmacotherapy Management of COPD Exacerbation. In addition to the HEDIS® measure, members with a COPD diagnosis will be identified by the ICD-9 codes and an acute inpatient hospital stay will be identified by the CPT codes.

Baseline data for Spirometry Testing in the Assessment and Diagnosis of COPD will not be available until HEDIS® 2015 due to continuous enrollment requirements and intake period requirements. The baseline measurement period will be CY 2013, the interim measurement period will be CY 2014 and the final measurement period will be CY 2015.

Interventions/Improvement Strategies

Planned interventions for the PIP that target provider performance include an interdisciplinary workgroup that will focus on improving clinical care for members with COPD, provider education via monthly mailings focused on COPD Clinical Care Guidelines, education information for facilities that have a re-admission rate for COPD of 11% or higher within 30 days of discharge, reports and COPD Clinical Care Guidelines will be mailed to PCPs notifying them of members not receiving the appropriate pharmacotherapy, and information mailed to PCPs notifying them of their compliance rate for Spirometry testing for newly diagnosed members with COPD.

Planned interventions for the PIP that target member performance include tracking and outreach of members who receive contact by case management within 24 hours of discharge following hospitalization for COPD, and mailings to newly diagnosed members with COPD notifying them of the importance of Spirometry testing.

A planned intervention for the PIP that targets Plan performance is: UM nurses will identify members hospitalized for COPD and contact members to encourage their participation in the Plan's case management program and member outreach within 24 hours of discharge from a hospital for COPD to ensure appropriate discharge plans are in place for the member.

Summary of Strengths and Areas for Improvement

Strengths

- Use of Kentucky State Kentucky regional and plan statistics provides a strong rationale for this PIP.
- Interventions are based on current literature, research and barrier analysis.
- Interventions include a multi-disciplinary team approach and are directed at the plan/provider/member and are multi-dimensional.

Opportunities for Improvement

The following issues were identified by the reviewers and addressed:

- WellCare of Kentucky included a baseline rate for Use of Spirometry Testing in the Assessment and Diagnosis of COPD.
- WellCare of Kentucky revised its goals from the Medicaid Quality compass 75th percentiles over 3 years to the 50th percentile.
- WellCare of Kentucky identified target rates to reduce the re-admission rates within 7 days and 30 days by 50%.
- WellCare of Kentucky identified hospitals with a re-admission rate of $\geq 11\%$ to be targeted for interventions.
- In addition to the HEDIS® Pharmacotherapy and Spirometry Testing measures, WellCare of Kentucky added process measures that include CM outreach to members within 24 hours of discharge, PCPs with non-compliant members following discharge and educational mailings to newly diagnosed members.

- Discharge planning and follow-up with PCPs will be conducted by UM staff telephonically for all facilities.
- WellCare of Kentucky expanded how education will be provided to physicians and treating hospitals.
- The Plan identified guidelines for the PIP to originate from the Global Initiative for Chronic Obstructive Lung Disease (GOLD, 2008).

WellCare of Kentucky 2014 PIP: Follow-up after Hospitalization for Mental Illness

Status: Proposal

Submitted: 9/1/13

Revised: 12/9/13

Study Topic Selection

WellCare of Kentucky selected the topic Follow-up after Hospitalization for Mental Illness because rates for this HEDIS® measure demonstrated an opportunity for improvement. The HEDIS® 2013 rates showed that only 36.92% of members in the eligible population for this measure received follow-up within 7 days and just 61.74% received follow-up within 30 days. Both rates rank slightly above the Medicaid Quality Compass 25th percentile. Administrative claims data for CY 2012 showed a re-admission rate of 5.3% within 7 days of discharge for mental illness and a rate of 16.5% within 30 days of discharge. According to a 2004 study conducted by the University of Louisville, lack of outpatient follow-up care was the most significant predictor of prompt re-hospitalization for mental illness. This PIP aims to increase follow-up care for members and also decrease readmission rates for hospitalizations for mental illness.

Study Question(s) and Indicator(s)

The study will aim to address the following questions:

- Do robust interventions aimed at improving plan, provider, and member performance increase the percentage of follow-up care for mental illness for members:
 - \$ Within 7 days of discharge from a hospitalization for mental illness?
 - \$ Within 30 days of discharge from a hospitalization for mental illness?
- Do robust interventions aimed at improving follow-up care for mental illness affect re-admission rates:
 - \$ Within 7 days of discharge for hospitalization for mental illness?
 - \$ Within 30 days of discharge for hospitalization for mental illness?

The following indicators will be used to judge the effectiveness of the planned interventions:

- Increase HEDIS® rates for Follow-Up after Hospitalization for Mental Illness (FUH) as defined by HEDIS® Technical Specifications.
- Medical record audits focused on discharge planning and coordination of care will be conducted for high volume inpatient facilities. Facilities that score below 80% will be re-audited quarterly until the score is passing. The goal is to decrease the proportion of hospitals scoring below 80% on medical record audits.
- Facilities scoring below 80% on medical records audits will receive targeted coaching/education regarding HEDIS® standards for Follow-Up after Hospitalization for Mental Illness. The goal is to decrease the proportion of hospitals scoring below 80% on medical record audits and thus requiring additional coaching education.
- The proportion of eligible members who are outreached within 24 hours of discharge from an acute hospitalization for mental illness.

Study Population and Sampling

No sampling will be used to conduct this project. The study will include members continuously enrolled in the Plan from date of discharge through 30 days after discharge. The population of interest will be members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

Data Collection Procedures and Timeline

Data will be collected according to NCQA HEDIS® Technical Specifications for the measure, Follow-Up after Hospitalization for Mental Illness (FUH). In addition to the HEDIS® measure, members with a mental health diagnosis will be identified by the ICD-9 codes and an acute inpatient hospital stay will be identified by CPT codes. Administrative claims data will be used to calculate re-admission rates for hospitalization for mental illness.

The baseline measurement period will be CY 2013. The re-measurement periods will be CY 2014 and CY 2015.

Interventions/Improvement Strategies

Planned interventions that target providers include convening an interdisciplinary workgroup that will focus on analyzing barriers to discharge planning and access to care; mailing letters monthly to hospital administrators displaying the facility's performance rate for the HEDIS® Follow-Up after Hospitalization for Mental Illness within 7 days with the list of members discharged from the facility and who were non-complaint with a 7-day follow-up visit; conducting medical record audits of discharge planning and coordination of care processes at all high volume BH inpatient facilities; and developing clinical transition of care/discharge planning guidelines to educate facilities' staff about appropriate discharge planning and follow-up care for members discharged from an inpatient stay for a BH diagnosis.

Planned interventions that target members include conducting member outreach within 24 hours of an inpatient discharge for mental illness; tracking outreach monthly; and convening an interdisciplinary workgroup to focus on analyzing barriers to discharge planning and access to care issues.

A planned intervention that targets the MCO includes embedding UM nurses in hospitals throughout the state with high rates of BH inpatient admissions. The UM nurses will facilitate communication between the facilities and the Plan; monitoring individual facilities' rates for FUH 7-days and 30-days, expediting referrals to the Behavioral Health Case Management in order to conduct member outreach within 24 hours of discharge; and updating member contact information prior to discharge from the hospital.

Summary of Strengths and Areas for Improvement

Strengths

- WellCare of Kentucky chose to address a vulnerable population, with an opportunity to improve both care and the quality of life for these members and their families. Goals are to increase transitional/follow-up care and prevent re-hospitalization.
- WellCare of Kentucky incorporated research done locally (University of Louisville) linking lack of follow-up visits post-discharge and readmissions.
- Interventions target plan, providers and members and are multi-dimensional.
- Extensive barrier analysis has already been conducted including with facility administrators.

- The Plan is conducting reliable measurement through use of HEDIS® specifications and claims data.

Opportunities for Improvement

The following issues were identified by the reviewers and addressed:

- WellCare of Kentucky revised its goals from the Medicaid Quality compass 75th percentiles over 3 years to the 50th percentile.
- WellCare of Kentucky identified targets for reducing rates for 7-day and 30-day re-admission by 50%.
- WellCare of Kentucky added process measures related to number of audits conducted, number of facilities/FQHCs that receive educational interventions, and percentage of members who receive outreach within 24 hours of discharge.
- WellCare of Kentucky included a PIP report appendix containing the medical record audit tool with elements related to discharge planning and coordination of care.
- Follow-up and re-admission rates by facility will be sent to all facilities in monthly mailings.
- Hospital-focused interventions target facilities with the highest volume of BH inpatient admissions, LOS, and re-admission rates.
- WellCare of Kentucky clarified how the sites for embedding UM BH Care Managers will be chosen based on facilities with high volume of admissions, LOS, and re-admission rates.
- WellCare of Kentucky clarified that the standards on which education/coaching guidelines will be developed will be based upon the HEDIS® Follow-Up after Hospitalization for Mental Illness (FUH) measure requirements.
- WellCare of Kentucky will evaluate whether annual audits and coaching is worthwhile by re-auditing facilities scoring < 80% every 90 days until the threshold is met.

5. Additional EQR Activities in Progress

In addition to the mandatory EQR activities described in this report, IPRO conducts a number of optional EQR activities. Some were conducted in CY 2013, some have been completed, some continued in 2014 and others are ongoing. These tasks include a Managed Care Program Progress Report, a web-based MCO Performance Dashboard, an Annual Health Plan Report Card, an EPSDT Validation Study, Postpartum and Neonatal Hospital Readmission Focus Studies, Validation of Patient-Level Claims (encounter data), Validation of Managed Care Provider Network Submissions and a Comprehensive Evaluation Summary. A descriptive summary of each activity follows:

Managed Care Program Progress Report

IPRO produced a Managed Care Program Progress report for key stakeholders, such as the Kentucky State Legislature. The purpose of the report was to summarize the findings from the three (3) mandatory EQR activities and describe the status and progress achieved by Kentucky's Medicaid managed care program during the period September 2012 through June 2013 in the areas of provider network/access, quality measurement and improvement and compliance with regulatory and contract requirements. In the report, IPRO provided recommendations related to monitoring and improving access and availability, effectiveness of care and care coordination.

MCO Performance Dashboard

IPRO collaborated with DMS to produce a trial web-based MCO Performance Dashboard. The Dashboard displays of the plans' HEDIS® and CAHPS® rates, and highlights overall performance as well as individual measure performance compared to national Medicaid averages. The dashboard is to be updated annually with each year's HEDIS® and CAHPS® data and measurement trends. DMS and IPRO will work together to further define the content and audience.

MCO Performance Annual Health Plan Report Card

IPRO worked with DMS to produce a Health Plan Report Card (English and Spanish versions) which presents the performance for each of the plans. The Health Plan Report Card is to be used by members to compare performance and assist members in choosing an MCO during the Open Enrollment period. The Health Plan Report card will be updated annually for use during the Open Enrollment period.

Quality Companion Guide

IPRO prepared a Quality Companion Guide that included an overview of the quality activities, instructions on performance measure specifications, performance measure validation and performance improvement project validation.

Comprehensive Evaluation Summary

IPRO completed a comprehensive review of DMS accountability strategy, monitoring mechanisms, and strategies to promote improvement as described in the Commonwealth of Kentucky's Strategy for Assessing and Improving the Quality of Managed Care Services, September, 2012. This was compared to the program and structure of other states. The methods for evaluation included interviews with key stakeholders, including MCO and DMS program managers; the Department for Behavioral Health, Developmental and Intellectual Disability (DBHDID); Department of Public Health (DPH); and the Department of Insurance (DOI). IPRO summarized strengths and opportunities related to regulation/contracts, monitoring system, and coordination were summarized and provided recommendations.

Validation of Patient-Level Claims

In the first year of the contract, IPRO assessed DMS' encounter data collection procedures for processing and validating MCO encounter data by the fiscal agent and identified any changes in the process necessary to meet CMS and industry standards. IPRO received historical claims data from DMS that captured the utilization of the MCO members. A monthly validation report format was developed and monthly report production was initiated. In addition, IPRO submitted a proposal to conduct a validation of the MCO-reported HEDIS® rates for select measures against rates calculated using the MCO-submitted data in the encounter data warehouse.

EPSDT Validation Study

This study compared administrative encounter data and medical record documentation to validate claim codes relevant to the receipt of EPSDT screening services by children enrolled in Kentucky Medicaid Managed Care.

Findings included:

- § Documentation of well-care visit (WCV) exams, screenings, and counseling was not always consistent with EPSDT services requirements or national clinical guidelines.
- § Documentation of components of a WCV varied, with very few WCVs having all components fully documented.
- § Documentation of BMI percentile measurement and assessment was lacking.
- § Most elements of a complete physical exam were performed; however, examination of the spine, musculoskeletal system, and genitalia need improvement.
- § Only half of the study population received an oral health assessment by their PCP during the WCV.
- § Screenings for mental health disorders were not routinely conducted.
- § Provision of anticipatory guidance varied across age group, gender, and geographical location.
- § Developmental surveillance was conducted across all age groups, though most common among the youngest age groups.
- § A little more than one-third (37%) received age-appropriate vision screening although this is a required component of EPSDT services.
- § There was poor evidence of hearing screens, most frequently for the 5–11 age group.

Overall, the study concluded that some screenings were documented more consistently and performance of weight assessments, developmental screenings, oral health assessments, mental health screenings, and vision and hearing screenings needs improvement. Coding did not accurately capture provision of mental health screenings or hearing/vision screenings during a WCV. IPRO provided recommendations for improvement for both the MCOs and the State.

Postpartum and Neonatal Readmission Focus Studies

Postpartum

The primary aim of this study was to describe the member characteristics, hospital practice patterns and discharge practices, and the provision of care management and postpartum services for members with postpartum hospital readmission(s) and evaluate adherence to clinical guidelines. A secondary aim was to identify risk factors for postpartum hospital readmission. Both an analysis of administrative claims data and abstraction of information from medical records were conducted.

Findings included:

- § The postpartum readmission rate for the total sample was 1.5%.

- § Risk factors for postpartum readmission include a delivery stay diagnosis of hypertension, drug abuse, asthma, sepsis, and overweight/obesity, as well as cesarean delivery and absence of postpartum follow-up.
- § Women with obesity, hypertension, asthma, cesarean delivery, major puerperal infection or sepsis, and drug abuse were at increased risk for postpartum readmission.
- § Lack of postpartum follow-up was also a risk factor for readmission.
- § The vast majority of women with a postpartum readmission were not receiving MCO care management services.

The findings were summarized by high risk member subgroups, health plan and facility in order to facilitate targeted quality improvement interventions and IPRO provided recommendations for improvement.

Neonatal

The primary aim of this study was to provide a descriptive profile of characteristics of newborns with a hospital readmission within 30 days of birth hospital discharge, and to identify the types of inpatient, outpatient and care management services provided to these newborns. The secondary study aim was to identify risk factors for newborn readmission. The methods included a retrospective cohort analysis of an administrative data set and a retrospective review of a sample of hospital medical records.

Findings included:

- § Common reasons for newborn readmission included RSV and other respiratory conditions, jaundice, gastrointestinal and feeding problems.
- § Risk factors for newborn readmission included prematurity, newborn male sex, race/ethnicity other than white or black, prematurity and the following birth-stay diagnoses: respiratory distress, sepsis, and congenital anomalies, or other birth complications, and the following invasive procedures: mechanical ventilation and intubation or irrigation, as well as birth during RSV season, shorter length of birth stay and lack of outpatient-follow-up.
- § Tobacco use and substance abuse were prominent maternal co-morbidities.
- § The vast majority of newborns who were readmitted did not receive care management services.

The study concluded that opportunities for improvement included, MCO/hospital collaboration towards more comprehensive parent education; parent education about hygiene practices; ensuring newborn follow-up visits; and offering MCO care management services to better facilitate care transitions for vulnerable members.

Access and Availability Surveys

In 2013, IPRO conducted a survey of the MCOs to determine their activities related to access and availability.

Findings included:

- § Three of three (3 of 3) MCOs indicated that they do conduct or are planning to conduct telephone surveys for provider access and availability. One (1) MCO indicated that telephone surveys are only done for targeted reviews and another MCO stated that a vendor conducts the survey and identifies as such when the calls are made, so it is not a "Secret Shopper" method.
- § The MCOs indicated that the following types of providers are surveyed: PCPs, Dental, Behavioral Health, OB/GYNs, ancillary (lab, radiology), and most commonly utilized specialists (e.g., ENT, dermatology, gastroenterology).
- § Only one (1) MCO indicated that a sample of providers was selected.

- § Two (2) MCOs responded that the survey timeframe was 3 months, with one (1) indicating the first quarter of the year.
- § The frequency of the surveys was described as, at least annually; quarterly; and semi-annually.
- § Scenarios used varied and were described as, routine, urgent, non-urgent sick, after-hours, new patient, and for behavioral health psychiatric emergency, screening and triage, and post-discharge.
- § Corrective actions for providers who fail to comply with standards included: written communication advising them of the non-compliance; referral to provider relationship representative for education; and a follow-up review (within 90 days – 6 months, depending on the MCO).
- § Continued non-compliance - written request for submission of a corrective action plan; referral to peer review and possible corrective action; or referral to Manager of Provider Relations for an on-site visit.
- § Non-response results in referral to the Medical Director and Director of Network Management for follow-up; or loss of participation in the MCO network.

Validation of Managed Care Provider Network Submissions

DMS requires IPRO to verify the provider information submitted by Kentucky MCOs to the Managed Care Assignment Processing System (MCAPS), Kentucky's database for collecting provider panel information. MCOs must electronically submit provider data monthly for all plan- enrolled providers to the state's secure MCAPS. The state uses MCAPS data to evaluate the adequacy of the MCOs' networks, assess capacity, create PMs related to the MCOs' provider networks, and conduct access and availability studies; hence, the accuracy of the source data is essential.

IPRO conducted an audit of the MCAPS to validate the accuracy of the data submissions for plan-participating PCPs and specialists using a two-phase mail audit. Responses were compared to information in the MCAPS and an error rate was computed for each data element validated. An aggregate report was provided to DMS and MCO specific reports were prepared and were distributed to the MCOs. Following this, a review to determine if corrections were made was conducted. In addition, IPRO conducted a validation of the MCO web directories against the MCAPS and provider survey response data.

Pharmacy Program Reviews

In 2013, IPRO worked with DMS to develop a pharmacy program review tool and then review the MCO pharmacy policies and procedures. MCO-specific reports were prepared and distributed to the MCOs as part of the annual compliance review findings. Quarterly pharmacy program reports will be developed and issued in 2014.

Individual Case Review

A quality of care concern is defined as an occurrence associated with an adverse outcome or possible adverse outcome for the patient and where the care provided did not meet professionally recognized standard(s) of health care. MCO enrollees may lodge a complaint regarding a potential quality of care concern with the MCO. A process has been outlined by which MCO Quality of Care (QOC) concerns referred by Kentucky Department for Medicaid Services (DMS) will be reviewed by the EQRO medical staff for completeness and appropriateness of MCO investigation and follow-up action. In addition, the EQRO will review any and all QOC concerns identified during the conduct of other contract tasks (e.g., medical record review for focused study).

During this time period, one potential quality of care case was identified by IPRO during medical record review for the 2013 EPSDT focus study. Additional records were requested and reviewed and a full report was submitted to DMS in early 2014. It was determined that there was no quality of care issue.

6. MCO RESPONSES TO PRIOR RECOMMENDATIONS

Federal EOR regulations for external quality review results and detailed technical reports at 42 CFR §438.364 require that the EOR include, in each annual report, an assessment of the degree to which each health plan has addressed the recommendations for quality improvement made in the prior EOR Technical Report. The previous Technical Report issued for Kentucky evaluated CoventryCares of Kentucky, Passport Health Plan and WellCare of Kentucky only. Table 22 through Table 24 provide the MCOs' responses to the recommendations issued in the Kentucky 2013 Technical Report, including an initial plan of action, how the plan was implemented, the outcome and monitoring and future actions planned.

Table 22: CoventryCares of Kentucky Response to Recommendations Issued in 2013 Technical Report

IPRO Recommendation	MCO Response															
<p>In the domain of quality, IPRO recommends that CoventryCares of Kentucky:</p> <p>§ Should work to improve the quality of its provider network by increasing the number of board-certified primary care physicians and specialists that make up its network, as well as develop a procedure to ensure proper documentation for all providers is collected and reviewed.</p>	<p>Initial Plan of Action – CoventryCares of Kentucky (CoventryCares) will be expanding its pay for performance initiative as an incentive to providers to increase quality care and member outcomes.</p> <p>How was this accomplished? CoventryCares goes through a rigorous process to ensure network providers meet plan and industry standards. Kentucky is an “any willing provider” state so CoventryCares accepts all physicians that meet our requirements. CoventryCares focuses on quality of care and uses the following quality measures in the pay for performance plan:</p> <table><tr><th>Measure</th></tr><tr><td>Prevention and Screening – Effectiveness of Care</td></tr><tr><td>Childhood Immunizations – Combo 2</td></tr><tr><td>Weight Assessment and Counseling – Nutrition Counseling</td></tr><tr><td>Weight Assessment and Counseling – BMI</td></tr><tr><td>Weight Assessment and Counseling – Physical Activity Counseling</td></tr><tr><td>Diabetes – Effectiveness of Care Domain</td></tr><tr><td>Diabetes – HbA1c Test</td></tr><tr><td>Diabetes – HbA1c > 9</td></tr><tr><td>Diabetes – Eye Exam</td></tr><tr><td>Diabetes – LDL Test</td></tr><tr><td>Diabetes – Nephropathy</td></tr><tr><td>Utilization and Relative Resource Use Domain</td></tr><tr><td>W15 ≥ 6</td></tr><tr><td>AWC</td></tr></table>	Measure	Prevention and Screening – Effectiveness of Care	Childhood Immunizations – Combo 2	Weight Assessment and Counseling – Nutrition Counseling	Weight Assessment and Counseling – BMI	Weight Assessment and Counseling – Physical Activity Counseling	Diabetes – Effectiveness of Care Domain	Diabetes – HbA1c Test	Diabetes – HbA1c > 9	Diabetes – Eye Exam	Diabetes – LDL Test	Diabetes – Nephropathy	Utilization and Relative Resource Use Domain	W15 ≥ 6	AWC
Measure																
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Diabetes – LDL Test																
Diabetes – Nephropathy																
Utilization and Relative Resource Use Domain																
W15 ≥ 6																
AWC																

IPRO Recommendation	MCO Response
	<p>Outcome and Monitoring – CoventryCares of Kentucky monitors network adequacy and physician and specialist accessibility through Geo Access reports. Reports are monitored regularly to identify any coverage or accessibility risks. CoventryCares monitors HEDIS® rates monthly to evaluate internal progress and annually via NCQA® HEDIS® certified software. HEDIS® results are reported annually to NCQA, IPRO and DMS. CoventryCares of Kentucky expects rates to increase annually based on an analysis of HEDIS® 2014 data.</p> <p>Future Actions/Plans – In 2014, CoventryCares of Kentucky will monitor monthly HEDIS® rate reports and implement new interventions as appropriate to positively impact outcomes for measures. CoventryCares will continue to run Geo Access reports to monitor physician and specialty accessibility and network adequacy. CoventryCares will use available resources to identify board-certified physicians and specialists not enrolled in our network.</p>
<p>§ Should work to improve HEDIS® Effectiveness of Care rates, especially those related to the quality of child care and diabetes care.</p>	<p>Initial Plan of Action – Perform member and provider education regarding the importance of child care and diabetes care.</p> <p>How was this accomplished? Conducted member outreach to provide education regarding the importance of regular care to those members identified as needing a well-child visit/screening or a diabetic screening. Member education was conducted via the member newsletter, reminder mailings, letters, the member website, and face to face contact. Distributed to providers a list of member's on their panel in need of a visit/screening. Provider education was conducted via the provider newsletter, the provider website, mailings, and fax blasts.</p> <p>Outcome and Monitoring – CoventryCares of Kentucky monitors HEDIS® rates monthly to evaluate internal progress and annually via NCQA HEDIS® certified software. HEDIS® results are reported annually to NCQA, IPRO and DMS. CoventryCares of Kentucky expects rates to increase annually based on an analysis of HEDIS® 2014 children and diabetes measure data compared to HEDIS® 2013 data. Rates denote increases in HEDIS® 2014 rates in the Effectiveness of Care categories of BMI percentile for children/adolescents, Immunizations for Adolescents, HPV Vaccinations, Lead Screening, Appropriate Treatment for Children with URI, and Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life. Rates also denote increases for the Comprehensive Diabetes measure including, LDL-C Screening, Hemoglobin A1c (HbA1c) Testing, HbA1c Control (<8.0%), HbA1c Control (<7.0%), Medical Attention for Nephropathy, HbA1c Control (<8.0%), HbA1c Control (<7.0%), and a decrease in HbA1c Poor Control (>9.0%). A lower rate is better.</p> <p>Future Actions/Plans – Maintain 2013 interventions. In 2014, CoventryCares of Kentucky will monitor monthly HEDIS® rate reports and implement new interventions as appropriate to positively impact outcomes for</p>

IPRO Recommendation	MCO Response
	<p>measures related to child care and diabetes care. Integrate the EPSDT program for children from birth to the age of 21 into the HEDIS® department to cohesively and effectively provide interventions to children and adolescents. The EPSDT integration is scheduled for mid-year 2014.</p>
<p>§ Should implement a procedure for accurately documenting all communications with members as it pertains to member grievances, in accordance with the contract requirements.</p>	<p>Initial Plan of Action – Procedure for accurately documenting all communication with our members as it pertains to member grievances was implemented.</p> <p>How was this accomplished? The Customer Service Organization (CSO) receives the initial call and then forwards to a CSO Supervisor who ensures the complaint is a true member grievance. Once confirmed, the Supervisor will assign to the Health Plan Liaison queue in Navigator. This queue is monitored daily along with a report being sent to the Manager of Appeals and Grievances. Any call that is made to the member for additional information is made by the CSO staff and is documented in Navigator. All decision letters are housed in Navigator.</p> <p>Outcome and Monitoring – This procedure makes for a more efficient process so that all member grievances are documented and completed in a timely manner. The queue is monitored by the Appeals Analyst along with a daily report being sent to the Appeals and Grievance Manager.</p> <p>Future Actions/Plans – Will continue to monitor to ensure contract compliance.</p>
<p>In the domain of access to/timeliness of care, IPRO recommends that CoventryCares of Kentucky:</p> <p>§ Should work to improve access to and timeliness of women's preventive health, especially as it relates to the HEDIS® Cervical Cancer Screening and Chlamydia Screening in Women measures.</p>	<p>Initial Plan of Action – Perform member and provider education regarding the importance of women's preventive health.</p> <p>How was this accomplished? Conducted member outreach to provide education regarding the importance of regular care to those members identified as needing women's preventive screenings. Member education was conducted via the member newsletter, member handbook, reminder mailings, the women's health brochure, letters, the member website, and face to face contact. Distributed to providers a list of member's on their panel in need of a screening. Provider education was conducted via the provider newsletter, the provider website, mailings, and fax blasts.</p> <p>Outcome and Monitoring – CoventryCares of Kentucky monitors HEDIS® rates monthly to evaluate internal progress and annually via NCQA® HEDIS® certified software. HEDIS® results are reported annually to NCQA®, IPRO and DMS. CoventryCares of Kentucky expects rates to increase annually based on an analysis of HEDIS® 2014 women's preventive screening measure data compared to HEDIS® 2013 data. Rates denote increases in HEDIS® 2014 rates in the Effectiveness of Care Prevention and Screening categories for Cervical Cancer Screening and</p>

IPRO Recommendation	MCO Response
	<p>Chlamydia Screening in Women for ages 21-24 years.</p> <p>Future Actions/Plans – Maintain 2013 interventions. In 2014, CoventryCares of Kentucky will monitor monthly HEDIS® rate reports and implement new interventions as appropriate to positively impact outcomes for measures related to women’s preventive screenings.</p>
<p>§ Should work to improve HEDIS® measures related to child and adolescent care that perform below the national averages.</p>	<p>Initial Plan of Action – Perform member and provider education regarding the importance of child and adolescent care.</p> <p>How was this accomplished? Conducted member outreach to provide education regarding the importance of care to those members identified as needing a well-child or adolescent care visit/screening. Member education was conducted via the member newsletter, member handbook, reminder mailings, letters, the member website, and face to face contact. Distributed to providers a list of member’s on their panel in need of a visit/screening. Provider education was conducted via the provider newsletter, the provider website, mailings, and fax blasts.</p> <p>Outcome and Monitoring – CoventryCares of Kentucky monitors HEDIS® rates monthly to evaluate internal progress and annually via NCQA® HEDIS® certified software. HEDIS® results are reported annually to NCQA®, IPRO and DMS. CoventryCares of Kentucky expects rates to increase annually based on an analysis of HEDIS® 2014 children and diabetes measure data compared to HEDIS® 2013 data. Rates denote increases in HEDIS® 2014 rates in the Effectiveness of Care categories of BMI percentile for children/adolescents, Immunizations for Adolescents, HPV Vaccinations, Lead Screening, Appropriate Treatment for Children with URI, and Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life.</p> <p>Future Actions/Plans – Maintain 2013 interventions. In 2014, CoventryCares of Kentucky will monitor monthly HEDIS® rate reports and implement new interventions as appropriate to positively impact outcomes for measures related to child and adolescent care. Integrate the EPSDT program for children from birth to the age of 21 into the HEDIS® department to cohesively and effectively provide interventions to children and adolescents. The EPSDT integration is scheduled for mid-year 2014.</p>
<p>§ Should continue to monitor and modify the ongoing PIPs, including proposed performance indicators, process measures and interventions.</p>	<p>Initial Plan of Action – Two PIPs were introduced with a request for approval on an annual basis including one for mental health and one for physical health. The initial submissions include our baseline data as well as state/benchmark data to go against and make our case for the need for improvement as well as our plan to make these improvements. Once feedback is received and the PIP is approved, we begin working on the interventions and data collection that are noted in the PIPs. While the PIPs are evaluated on an annual basis, they are continuously monitored monthly and include updated progress reports quarterly to the state.</p>

IPRO Recommendation	MCO Response
	<p>How was this accomplished? The ongoing PIPs have a data component that allows us to measure our progress. There are multiple ways of collecting and comparing our progress and data with the most common being through HEDIS® rates and benchmarks that are collected through the Inovalon – QSI (Quality Spectrum Insight) system which gives us monthly updates of our rates as well as a breakdown of membership demographics and compliance data on a micro and macro scale. Through monthly and/or quarterly data collection we are able to compare it to our benchmark data as well as the goals that were set.</p> <p>Outcome and Monitoring – Through constant analysis of the data that we have pulled we can evaluate how the members and providers are responding to the interventions and their effectiveness. Monthly data collection includes member compliance rates as well as demographics data so that we can evolve and find the subsets of members that need the most assistance. CoventryCares will then prioritize efforts and interventions that will target the population that will help us make the most impact, especially with higher risk populations.</p> <p>Future Actions/Plans – CoventryCares will continue to monitor the PIP performance against the goals that were set and will adjust interventions as needed to meet or exceed those goals as well as create new initiatives to enhance the PIP performance. Overall goals are typically set on an annual basis, but these are monitored and analyzed as new monthly data is released. In the past, we have adjusted and increased goals mid-year to make them more appropriate and on par with our progress.</p>

Table 23: Passport Health Plan Response to Recommendations Issued in 2013 Technical Report

IPRO Recommendation	MCO Response
<p>In the domain of quality, IPRO recommends that Passport Health Plan:</p> <p>§ Should work to improve the quality of its provider network by increasing the number of board-certified primary care physicians and specialists that make up its network.</p>	<p>Initial Plan of Action – Passport Health Plan does not require practitioners to be board certified only board eligible. The initial plan was to develop an internal report to identify practitioners with a board certification and the expiration date. This would allow Passport Health Plan to obtain and verify their board certifications in between recertifying cycles.</p> <p>How was this accomplished? The credentialing department monitors board certification on an ongoing basis. The department utilizes all available sources to verify board certification such as the AMA Physician Master file, State Licensing Agency, and or specialty boards. <u>Outcome</u> – HEDIS® 2014 notes that overall 68.19% of our physicians are board certified, which is a one percentage point increase from the previous year.</p> <p>Outcome and Monitoring – Passport Health Plan utilizes HEDIS® rates for Board Certification (family medicine, internal medicine, pediatrics, OB/GYN, geriatrics, and others) to monitor providers within our network that hold board certification and we track board certification during the credentialing/recertifying process.</p> <p>Future Actions/Plans – As part of our provider credentialing process, Passport Health Plan monitors the needs of our membership to determine adequacy of the provider network for both primary care providers and specialist. In addition to monitoring adequacy, Passport Health Plan will prioritize available providers giving a higher priority to those that are board-certified. Also, as Passport Health Plan recruits newly eligible providers we will prioritize those providers by board certification status.</p>
<p>§ Should continue to work to improve Healthy Kentuckian and HEDIS® measures that perform below the national average.</p>	<p>Initial Plan of Action – In relation to improving HEDIS® measures that perform below the national average, Passport Health Plan decided to focus on the measures performing below the Quality® Compass 25th percentile. Passport Health Plan noted 6 measures that met the criteria (URI, ART, LBP, PCE corticosteroids and bronchodilators, and PBH).</p> <p>How was this accomplished? In order to improve our URI/CWP rates, Passport Health Plan initiated a Performance Improvement Project (PIP) to develop and implement targeted interventions and identify any barriers. This included, identifying providers that, based on claims, appear to be inappropriately prescribing antibiotics, completing chart reviews to verify if antibiotics are being inappropriately prescribed, and having a CHOICES pharmacy consultant visit the provider face-to-face to discuss the CDC recommendations and leave educational sheets that can be given to the members regarding antibiotic use. In order to improve our ART rates Passport Health Plan completed telephonic outreach to each member identified with rheumatoid arthritis and</p>

IPRO Recommendation	MCO Response
	<p>conducted a survey regarding medications and specialist care. If members did not have a DMARD prescribed, we educated and encouraged them to discuss this option at their next appointment. For PCE, Passport Health Plan identified our members who were admitted for a COPD diagnosis. We utilized our COPD disease manager to outreach to the member, quickly after discharge, to be sure they got their prescriptions filled and understood how to take them. For both LBP and PBH, Passport Health Plan utilized more generalized member education regarding how to care for back ache, and treatment you may need after a heart attack, in the member newsletters.</p> <p>Outcome and Monitoring – Outcome- In our first year of interventions, Passport Health Plan noted improvement of 2 out of the 6 focus measures (URI and PBH) into the 25th percentile, but not to the Quality Compass Average. In our second year, Passport Health Plan noted improvement of 3 of the remaining 4 focus measures (ART, PCE corticosteroids and bronchodilators). ART moved into the 50th percentile, based on 2013 Quality Compass. PCE corticosteroids moved into the 75th and PCE bronchodilators moved into the 90th percentile. We also noted that during the second year URI fell back into the 10th percentile and PBH remained in the 90th percentile. Monitoring- Passport Health Plan utilizes HEDIS® rates (final and interim) to monitor all measures, both administrative and hybrid.</p> <p>Future Actions/Plans – Ongoing interventions in 2014 are focused on increasing the 2 measures below the 25th percentile (LBP and URI) and maintaining at least the average on the other 4 (ART, PCE corticosteroids and bronchodilators, and PBH). Passport Health Plan is conducting a detailed analysis of the claims that were not numerator compliant to determine any trends with certain providers or provider types. Once the trends are identified, face-to-face outreach is planned.</p> <p>In addition to the above measures, Passport Health Plan noted, based on HEDIS® 2014, additional measures that are currently below the 25th percentile (AAB and ASM for both the 19-50 and 51-64 years of age). Several first year measures for Passport Health Plan also performed below the 25th percentile (FUH 7 and 30 days, IAD any service, intensive outpatient or partial hospitalization, outpatient or ED services, IET engagement and initiation, MPT any service total, inpatient total, and outpatient and ED total). To improve the respiratory measures AAB and ASM, Passport Health Plan will look at current interventions within the Chronic Respiratory Disease Program and determine modifications needed to better target the adult population. In order to improve the behavioral health measures, Passport Health Plan will collaborate with Beacon Health Strategies to develop, implement, and monitor interventions aimed at improving behavioral health services.</p>

IPRO Recommendation	MCO Response
	<p>The QI department added to the 2014 Work plan a quarterly interim HEDIS® rate section, to all areas where a HEDIS® measure applies, to keep each department focused on the current rate and the year-end goal. We also added a new section titled Section XVIII Performance Improvement Projects (PIP), which requires each responsible party to report on activities, each quarter, to keep the focus on each project. In addition to the reporting elements on the work plan, each quarter the PIP responsible party will report on the progress of each project to the Quality Medical Management Committee (QMMC) in an effort to elicit feedback and recommendations from our providers.</p> <p>In relation to Healthy Kentuckian measures that perform poorly related to documentation issues, such as adolescent screening for sexual activity and counseling for physical activity in all age groups, Passport Health Plan has noted documentation trends that do not count as numerator hits due to insufficient detail, such as including the specific topic(s) of the “health education” or “anticipatory guidance” that was performed, including a sexual activity assessment with a prescription for contraception, pregnancy test, or STI screening, and being more specific around documentation about physical activity education. These identified areas will be shared with the individual providers in order to improve documentation and with the Quality committees to elicit feedback and additional recommendations for improvement. Passport Health Plan has also noted a decline in healthy height for weight rates especially in adolescents as evidenced by increasing BMI percentiles. Passport Health Plan initiated an obesity program in 2013 for children and adolescents and is continuing to refine interventions aimed at improving the growing obesity trend.</p>
<p>§ In regard to the “Reduction of Inappropriately Prescribed Antibiotics in Children with Pharyngitis and Upper Respiratory Infection” PIP, the plan should develop interventions that directly impact members and providers.</p>	<p>Initial Plan of Action – Passport Health Plan’s initial interventions were to identify the providers that appeared to be prescribing inappropriately and educate them face-to-face and to start a long-term behavior modification educational program for members related to antibiotic use, virus vs. bacteria, and general symptom relief for colds and flu.</p> <p>How was this accomplished? Passport Health Plan utilized HEDIS® data analysis, medical record review, and face-to-face provider outreach to accomplish our initial plan to improve URI and CWP.</p> <p>Outcome and Monitoring –</p> <p><u>Outcome</u> – HEDIS® rates for URI remain below the Quality Compass® Average and the CWP rates are above the average. These measures have been low performing for the health plan for some time and, therefore, were selected for a focused PIP. Rates for both of these measures have shown improvement in HEDIS® 2014.</p> <p><u>Monitoring</u> – Passport Health Plan utilizes HEDIS® rates (final and interim), the QI work plan, results of targeted chart audits of providers identified as potentially prescribing antibiotics incorrectly, and feedback from the CHOICES consultant’s face-to-face education with providers regarding prescribing habits to monitor URI and CWP.</p>

IPRO Recommendation	MCO Response
	<p>Future Actions/Plans – Passport Health Plan will continue its general education relating to antibiotic use as we feel this is a topic that all members can benefit from. We will also begin to target our member education to members that we can identify as having been given an antibiotic prescription in error or who sought care in the ED for URI. This outreach will be completed by both clinical staff, in the office, and face- to- face by our ER Navigators. The QI program will start to distribute the CDCs “Get Smart Know When Antibiotics Work” packet to providers to utilize in their offices as patient educational material. We will also continue to identify providers that appear to be inappropriately prescribing antibiotics, conduct chart audits to confirm, and educate providers on the correct usage of antibiotics. During one audit, the nurse reviewer discovered a potential coding issue that did not include a group A streptococcus test and we are analyzing this to determine if additional providers are doing the same thing. The QI program will share results of our analysis with the Quality committees to seek input and recommendations. We will also share our findings with the Provider Relations staff in order to broaden our provider education. The QI department has developed a HEDIS® 101 book that the QI/Provider Relations staff can utilize to educate providers during face-to-face visits regarding the HEDIS® measures, codes, and what counts as a numerator positive hit.</p>
<p>In the domain of access to/timeliness of care, IPRO recommends that Passport Health Plan:</p> <p>§ Implement initiatives to improve the below average HEDIS® Use of Service rates. As demonstrated by low utilization rates and a file review that was not fully compliant, the plan must work to improve children’s access to care. The plan could benefit from a PIP aimed at improving the HEDIS® Well-Child Visit rates.</p>	<p>Initial Plan of Action – Passport Health Plan’s initial interventions were targeted outreach to members who had not had a visit with a PCP for the last 12 months and educate them on the importance of well-child visits to health maintenance.</p> <p>How was this accomplished? Passport Health Plan completed this outreach telephonically by the Care Connector Team in an effort to educate members, identify and eliminate any barriers to care, and assist in appointment scheduling, as needed. The telephonic campaigns are ongoing and the data is refreshed every month. Passport Health Plan’s Embedded Case Managers are in high-volume high-care gap/ER visits PCP offices to meet face- to- face with our members in order to provide care coordination and eliminate care gaps. Passport Health Plan also utilizes the local health department to conduct EPSDT home visit outreach to members who cannot be reached by telephone and who are delinquent in well-child visits. Passport Health Plan added a member incentive for teens to have a well-child visit and immunizations during 2013. This is in an effort to encourage a visit to the provider, noting trends that this population tends to only goes to the provider when sick.</p> <p>Outcome and Monitoring – <u>Outcome</u> – Passport Health Plan has noted a continued improvement in CAP for all ages over the past several years and is above the Quality Compass® Average; however, individual measures such as AWC and W34 have not performed at or above the average. HEDIS® 2014 notes improvement in AWC, W15, W34, and AAP.</p>

IPRO Recommendation	MCO Response
	<p>Utilization data is evaluated and monitored for trends in the area of utilization. Clinical initiatives are derived from ongoing analysis of data. For example: The Utilization Management (UM) Department will implement an initiative to decrease C-sections based upon data which reflected an overall C-section rate of 21–34%. Members who are over utilizing the ER for non-urgent diagnosis, when criteria is met, are placed the ER Lock –in program and are educated on the proper use of the ER. Passport Health Plan has also implanted the ER Navigator program in which members utilizing the E.R. for non-urgent diagnosis are provided real-time direct intervention and education. Passport Health Plan also utilizes an Emergency Room Coordinator in which members utilizing the E.R. for non-urgent diagnosis are contacted telephonically to discuss alternatives to treatment in the E.R.</p> <p><u>Monitoring</u> – Passport Health Plan utilizes HEDIS® rates (final and interim) for CAP, W15, W34, and AWC for children and AAP for adults, QI work plan, and CMS 416 reports to monitor children’s access to care and well-child visit rates. The Utilization Management and Clinical Programs department monitors and trends utilization for all members on a monthly, quarterly and annual basis.</p> <p>Utilization of services is evaluated in the areas:</p> <ul style="list-style-type: none"> · Total number of inpatient admissions and admissions per 1,000 members · Total number of inpatient days and inpatient days per 1,000 members · Length of stay · Top MDC (Major Diagnostic Category) · Category of Aid utilization · Number of outpatient requests · Number of requests not medically necessary · Number of appeals <p>Real time Data is also housed in our Data Warehouse Business Intelligent Dashboards. Data Dashboards are available for evaluation of:</p> <ul style="list-style-type: none"> · Claims · Membership · Population Risk · Specialist utilization · ER utilization · Family Planning utilization

IPRO Recommendation	MCO Response
	<ul style="list-style-type: none"> • Dental • Readmissions • Provider utilization <p>The UM department also tracks and trends emergency room data to evaluate members who are over-utilizing the ER for non-urgent diagnosis. These members, when criteria are met, are placed the ER Lock –in program and are educated on the proper use of the ER. Passport Health Plan has also implanted the ER Navigator program in which members utilizing the E.R. for non-urgent diagnosis are provided real-time direct intervention and education. Passport Health Plan also utilizes an Emergency Room Coordinator in which members utilizing the E.R. for non-urgent diagnosis are contacted telephonically to discuss alternatives to treatment in the E.R.</p> <p>Future Actions/Plans – Passport Health Plan will continue our current interventions aimed at improving access and well-child visits. Passport Health Plan will evaluate the effectiveness of the member incentive and determine whether to continue or increase the reward amount based on usage and member feedback. Passport Health Plan will also monitor provider network adequacy as we expand outside of Region 3 in order to maintain easy access to a primary care provider for all Passport Health Plan members. Utilization data is evaluated and monitored for trends in the area of utilization. Clinical initiatives are derived from ongoing analysis of data. For example: Passport Health Plan Utilization Management Department will implement an initiative to decrease C-sections based upon data which reflected an overall C-section rate of 21–34%.</p>
<p>§ Continue to monitor the success of the ongoing performance improvement projects and modify interventions, as necessary.</p>	<p>Initial Plan of Action – Increase the frequency of required reporting for Performance Improvement Projects.</p> <p>How was this accomplished? The QI department added to the 2014 QI Work plan a new section titled Section XVIII Performance Improvement Projects (PIP) that requires each responsible party to report on activities each quarter to keep the focus on each project. In addition to the reporting elements on the QI work plan, each quarter the PIP responsible party will report on progress of each project to the Quality Medical Management Committee (QMMC), in an effort to elicit feedback and recommendations from our providers. Passport Health Plan has also initiated an annual summary report for retired PIPs in an effort to continue to monitor progress of each of the projects.</p> <p>Outcome and Monitoring –</p> <p><u>Outcome</u> – Plan initiated in 2014. Completed PIP training in June with IPRO/DMS.</p> <p><u>Monitoring</u> – Passport Health Plan utilizes HEDIS® rates (final and interim) for CWP, URI, and ADV, QI work plan, Beacon PDIP quarterly reporting, Asthma Predictive Modeling tool reports, including identification of high risk</p>

IPRO Recommendation	MCO Response
	<p>members and utilization before and after targeted interventions, Emergency Room Utilization Quarterly reports, results of targeted chart audits of providers identified as potentially prescribing antibiotics incorrectly, and feedback from the CHOICES consultant's face-to-face education with providers regarding prescribing habits.</p> <p>Future Actions/Plans – During 2014, the QI department will be adding a clinical staff person focused specifically on PIPS. This staff person will be responsible for data collection, documentation of continual process improvement, and the evaluation of Passport Health Plan's performance. During 2015, the QI department desires to implement an application to track progress towards each project's goal and allow for real-time reporting.</p>
<p>§ To ensure measurable improvement for the "Dental Care in Children with Special Health Care Needs" PIP, the plan should investigate the decline in performance, monitor the effectiveness of implemented interventions and modify ineffective interventions accordingly.</p>	<p>Initial Plan of Action – After completing the PIP, and not meeting goals, Passport Health Plan went to go back to the analysis phase of the project and get to the "root cause" of children with special health care needs not getting dental care, in order to determine our next actions. Also, we felt it imperative to research what resources our dental vendor currently had in place and what they could assist us with.</p> <p>How was this accomplished? Additional analysis of the HEDIS® ADV results with additional breakdown by category of aid to determine the children with special health care needs and discussions with our dental subcontractor.</p> <p>Outcome and Monitoring – <u>Outcome</u> – Plan is still under development at this time. <u>Monitoring</u> – Passport Health Plan utilizes HEDIS® rates (final and interim) for ADV and then breaks the results down, by category of aid, to get at those members with special needs, QI work plan, and annual summary reports to QMMC.</p> <p>Future Actions/Plans – Future interventions include surveying all dental providers to see if they have the capacity to handle children with special health care needs, to develop a listing of these providers, and encourage/refer caregivers to dental providers that can administer dental care in their area. Passport Health Plan continues to work with our dental subcontractor to develop a plan of action to improve dental care as a whole, but also interventions targeted at children with special health care needs. Passport Health Plan will continue to monitor results and respond accordingly in order to provide good dental care for all members.</p>

Table 24: WellCare of Kentucky Response to Recommendations Issued in 2013 Technical Report

IPRO Recommendation	MCO Response
<p>In the domain of quality, IPRO recommends that WellCare of Kentucky:</p> <p>§ Should work to improve the quality of its provider network by increasing the number of board-certified primary care physicians and specialists that make up its network.</p>	<p>Initial Plan of Action – WellCare of Kentucky will investigate the data sources used in the completion of this HEDIS® indicator.</p> <p>How was this accomplished? Several teams collaborated to determine the most efficient way to identify those providers that are currently Board Certified, and investigate the process by which the final data source is populated. The final source used is our production system, Xcelys, which is in turn populated through our credentialing software, Cactus. This is our intake repository during the credentialing process and data is entered from The Council of Affordable Quality Healthcare (CAQH) manually. WellCare of Kentucky will undertake an end to end audit of each reported specialty by taking a 10% sample of each to assess the accuracy of the data reported in Xcelys compared to the gold standard data source, CAQH. Similarly, we will compare the data in Cactus, our credentialing data repository, to determine if there are systematic issues in getting that data into Xcelys or manual entry process gaps leading to incomplete or inaccurate data being entered into Cactus from CAQH.</p> <p>Outcome and Monitoring – Upon completion of end to end audit, we will review the findings to determine if the issues are systematic or manual. If manual, we will reinforce through training of the credentialing team the location of the board certification data within CAQH and the entry location into Cactus. If systematic, we will review the code used to transfer the board certification information out of Cactus into Xcelys. Following the study and subsequent correction, we will perform a follow-up review to determine if our actions have improved our HEDIS® board certification rate. Finally, the Network Integrity Team is designing a monthly report that Network Development and Quality Improvement will monitor and ensure the provider network maintains the highest percentage of Board Certified providers.</p> <p>Future Actions/Plans – With Kentucky being an AWP State (Any Willing Provider), WellCare of Kentucky must offer an Agreement to any provider that requests participation in our network. Network Development will review Provider Board Certification report and act upon any specialties that fall below a certain percentage to ensure we work to fill those gaps and maintain a quality network for our members.</p>
<p>§ Should work to improve HEDIS® measures which fall below the national averages.</p>	<p>Initial Plan of Action – The Plan has a multitude of member and provider interventions it deploys to improve all HEDIS® measures including those that fall below the national average. These interventions include one-on-one case management, disease management, distribution of provider care gap reports, targeted phone calls and mailings to members identified as needing HEDIS® services, provider visits, and a member incentive program for pregnancy and postpartum measures, just to name a few. In addition, the Plan has implemented a Pay for</p>

IPRO Recommendation	MCO Response
	<p>Quality (P4Q) program for Primary Care Physicians (PCPs) targeted at improvement in six HEDIS® measures currently not in line with the national average. The Plan also has expanded its QI staff to include eight new clinical positions, HEDIS® Clinical Practice Advisors, who will focus on working individually with providers to improve HEDIS® rates. These HEDIS® Practice Advisors are located in every region of the State and their primary responsibility is HEDIS® improvement. Lastly, at the completion of each HEDIS® season, the QI team analyzes any HEDIS® measures not in line with the national average for root cause analysis, identification of barriers, and development of interventions for implementation.</p> <p>How was this accomplished? P4Q materials were distributed to providers via mail and hand delivered by Provider Relations Representatives. The P4Q program is also discussed during visits made by the HEDIS® Clinical Practice Advisors. Staff has been hired for the HEDIS® Clinical Practice Advisors and training is underway. At the commencement of training, HEDIS® Practice Advisors will begin work with providers to improve HEDIS® rates.</p> <p>Outcome and Monitoring – HEDIS® rates for the Plan and individual providers are monitored on a monthly basis. Additionally, the HEDIS® Clinical Practice Advisors are assessed against performance goals for their work and outcomes with individual provider groups. Member and provider interventions aimed at improving HEDIS® measure performance are included in the QI Work Plan, which is updated quarterly. Member and provider interventions are also reported to the Plan’s quality committees.</p> <p>Future Actions/Plans – Continue completion of action items identified in the HEDIS® post season meeting, which include member and provider interventions and work individually with providers to improve HEDIS® rates. Reassess HEDIS® during the HEDIS® 2015 season.</p>
<p>§ Should continue to monitor and modify the ongoing PIPs, including proposed performance indicators, process measures and interventions.</p>	<p>Initial Plan of Action – Continue to monitor and modify the Plan’s current PIPs, their indicators, process measures, and interventions.</p> <p>How was this accomplished? A dedicated QI staff member is responsible for the Plan’s current and proposed PIPs. This team member meets routinely with business owners throughout the year to monitor and modify PIP indicators, measures, and interventions.</p> <p>Outcome and Monitoring – QI Management routinely reviews, monitors, and provides support for ongoing PIP progress. The expectation is the Plan’s PIPs will continue to meet EQRO’s and DMS’ expectations and ultimately improve member care. PIP activities are reported quarterly in the QI Work Plan and interim PIP reports are submitted to EQRO and DMS annually.</p>

IPRO Recommendation	MCO Response
<p>In the domain of access to/timeliness of care, IPRO recommends that WellCare of Kentucky:</p> <p>§ Should implement initiatives to improve HEDIS® rates reported below the national averages.</p>	<p>Future Actions/Plans – Maintain the QI team’s monitoring and support efforts with regard to the PIPs. Submit the interim reports and proposed topics by the September 1st deadline.</p> <p>Initial Plan of Action – The Plan has a multitude of member and provider interventions it deploys to improve all HEDIS® measures including those that fall below the national average. These interventions include one-on-one case management, disease management, distribution of provider care gap reports, targeted phone calls and mailings to members identified as needing HEDIS® services, provider visits, and a member incentive program for pregnancy and postpartum measures, just to name a few. In addition, the Plan has implemented a Pay for Quality (P4Q) program for Primary Care Physicians (PCPs) targeted at improvement in six HEDIS® measures currently not in line with the national average. The Plan also has expanded its QI staff to include eight new clinical positions, HEDIS® Clinical Practice Advisors, who will focus on working individually with providers to improve HEDIS® rates. These HEDIS® Practice Advisors are located in every region of the State and their primary responsibility is HEDIS® improvement. Lastly, at the completion of each HEDIS® season, the QI team analyzes any HEDIS® measures not in line with the national average for root cause analysis, identification of barriers, and development of interventions for implementation.</p> <p>How was this accomplished? P4Q materials were distributed to providers via mail and hand delivered by Provider Relations Representatives. The P4Q program is also discussed during visits made by the HEDIS® Clinical Practice Advisors. Staff has been hired for the HEDIS® Clinical Practice Advisors and training is underway. At the commencement of training, HEDIS® Practice Advisors will begin work with providers to improve HEDIS® rates.</p> <p>Outcome and Monitoring – HEDIS® rates for the Plan and individual providers are monitored on a monthly basis. Additionally, the HEDIS® Clinical Practice Advisors are assessed against performance goals for their work and outcomes with individual provider groups. Member and provider interventions aimed at improving HEDIS® measure performance are included in the QI Work Plan, which is updated quarterly. Member and provider interventions are also reported to the Plan’s quality committees.</p> <p>Future Actions/Plans – Continue completion of action items identified in the HEDIS® post season meeting, which include member and provider interventions and work individually with providers to improve HEDIS® rates. Reassess HEDIS® during the HEDIS® 2015 season.</p>
<p>§ Should work to improve child and adolescent access to and timeliness of care. The plan could benefit from a</p>	<p>Initial Plan of Action – The Plan has implemented a P4Q program aimed at improving six HEDIS® measures, which includes Adolescent Well-Child Visits and Well-Child Visits for 3-6 year olds. The Plan also monitors grievances and appeals associated with access and timeliness of care for medical and ancillary benefit services.</p>

IPRO Recommendation	MCO Response
<p>PIP aimed at increasing the frequency of well-visits for children and adolescents.</p>	<p>The Plan also conducts an annual CAHPS® (member satisfaction survey) to a random sampling of the membership. Additionally, the Plan conducts targeted phone calls and mailings to members who have been identified as noncompliant with their well-child visits and screenings. The Plan's HEDIS® Clinical Practice Advisors also work individually with providers to improve HEDIS® measures aimed at well-child visits.</p> <p>How was this accomplished? P4Q materials were distributed to providers via mail and hand delivered by Provider Relations Representatives. The P4Q program is also discussed during visits made by the HEDIS® Clinical Practice Advisors. Grievances and appeals are monitored according to state-issued standards and guidelines. Additionally, the QI department also monitors grievances and appeals on a quarterly basis. The Plan identifies members who are noncompliant with well-child visits via claims information, which is then used to conduct targeted outbound phone calls to members and distribution of targeted member letters. During the targeted phone calls to noncompliant members, WellCare of Kentucky educates the member(s) on the importance of the screening, offers the member(s) assistance in making an appointment with the provider and assist them in making transportation arrangements if needed.</p> <p>Outcome and Monitoring – HEDIS® rates for the Plan and individual providers are monitored on a monthly basis. Additionally, the HEDIS® Clinical Practice Advisors are assessed against performance goals for their work and outcomes with individual provider groups. To date, the Plan has not experienced a significant number of substantiated grievances or appeals pertaining to child and adolescent access; however, the Plan will continue to monitor and address issues as they are identified. The Plan currently rates in the 90th percentile within the CAHPS® categories of “Getting Care Quickly” and “Getting Needed Care.”</p> <p>Future Actions/Plans – The Plan will continue to conduct targeted member outreach to members identified as noncompliant with well-child visits, continue to work individually with providers to improve HEDIS® rates, continue to monitor and resolve member grievances and appeals, and reassess rates for well-child visits during the HEDIS® 2015 season. At the close of the HEDIS® 2015 season, the Plan will reassess the need for a PIP focusing on improving well-child visits.</p>
<p>§ Should continue to monitor and modify the ongoing PIPs, including proposed performance indicators, process measures and interventions.</p>	<p>Initial Plan of Action – Continue to monitor and modify the Plan's current PIPs, their indicators, process measures, and interventions.</p> <p>How was this accomplished? A dedicated QI staff member is responsible for the Plan's current and proposed PIPs. This team member meets routinely with business owners throughout the year to monitor and modify PIP indicators, measures, and interventions.</p>

IPRO Recommendation	MCO Response
	<p>Outcome and Monitoring – QI Management routinely reviews, monitors, and provides support for ongoing PIP progress. The expectation is the Plan’s PIPs will continue to meet EQRO’s and DMS’ expectations and ultimately improve member care. PIP activities are reported quarterly in the QI Work Plan and interim PIP reports are submitted to EQRO and DMS annually.</p> <p>Future Actions/Plans – Maintain the QI team’s monitoring and support efforts with regard to the PIPs. Submit the interim reports and proposed topics by the September 1st deadline.</p>

APPENDIX A – Medicaid Managed Care Compliance Monitoring

Objectives

Each annual detailed technical report must contain data collected from all mandatory EQR activities. Federal regulations at 42 CFR 438.358, delineate that a review of an MCO's compliance with standards established by the State to comply with the requirements of § 438.204(g) is a mandatory EQR activity. Further, for plans that were in operation prior to the current review, the evaluation must be conducted within the previous three-year period, by the State, its agent or the EQRO.

DMS annually evaluates the MCOs' performance against contract requirements and state and federal regulatory standards through its EQRO contractor. In an effort to prevent duplicative review, federal regulations allow for use of the accreditation findings, where determined equivalent to regulatory requirements.

A full review of all requirements was conducted for the MCOs new to Kentucky's Medicaid Managed Care program (Humana-CareSource). All domains listed were evaluated for compliance to contractual requirements and standards, as were any corresponding files. Passport Health Plan also received a full review, as this was the first year under new Contract requirements. CoventryCares of Kentucky and WellCare of Kentucky underwent a partial review including: standards subject to annual review; initial review of applicable contract changes; and standards previously rated as less than fully compliant during the prior review.

The annual compliance review for the contract year January 2013 – December 2013, conducted in March 2014, addressed contract requirements and regulations within the following domains:

- § Behavioral Health Services
- § Case Management/Care Coordination
- § Enrollee Rights: Enrollee Rights and Protections
- § Enrollee Rights: Member Education and Outreach
- § EPSDT
- § Grievance System
- § Health Risk Assessment
- § Medical Records
- § Pharmacy Benefits
- § Program Integrity
- § QAPI: Access
- § QAPI: Access – Utilization Management
- § QAPI: Measurement and Improvement
- § QAPI: Measurement and Improvement – Health Information Systems
- § QAPI: Structure and Operations – Credentialing
- § QAPI: Structure and Operations – Delegated Services

Data collected from the MCOs, either submitted pre-onsite, during the onsite visit or in follow-up, was considered in determining the extent to which the health plan was in compliance with the standards. Further descriptive information regarding the specific types of data and documentation reviewed is provided in the section "Description of Data Obtained" listed below and in this report located under subpart, "Compliance Monitoring."

Technical Methods of Data Collection

In developing its review protocols, IPRO followed a detailed and defined process, consistent with the CMS EQRO protocols for monitoring regulatory compliance of MCOs. For each set of standards reviewed, IPRO prepared standard-specific tools with standard-specific elements (i.e., sub-standards).

The tools include the following:

- § Statement of state and MCO contract requirements and applicable state regulations
- § Prior results
- § Reviewer compliance determination
- § Descriptive reviewer findings and recommendations related to the findings
- § Review determinations
- § Suggested evidence

In addition, where applicable (e.g., member grievances), file review worksheets were created to facilitate complete and consistent file review.

Reviewer findings on the tools formed the basis for assigning preliminary and final designations. The standard designations used are shown in Table 25.

Table 25: Medicaid Managed Care Compliance Monitoring Standard Designations

Standard Designations	
Full Compliance	MCO has met or exceeded requirements.
Substantial Compliance	MCO has met most requirements but may be deficient in a small number of areas.
Minimal Compliance	MCO has met some requirements but has significant deficiencies requiring corrective action.
Non-Compliance	MCO has not met the requirements.
Not Applicable (N/A)	Statement does not require a review decision; for reviewer information purposes.

Pre-Onsite Activities – Prior to the onsite visit, the review was initiated with an introduction letter, documentation request, and request for eligible populations for all file reviews.

The documentation request is a listing of pertinent documents for the period of review, such as policies and procedures, sample contracts, program descriptions, work plans and various program reports.

The eligible population request requires the MCOs to submit case listings for file reviews. For example, for member grievances, a listing of grievances for a selected quarter of the year; or, for care coordination, a listing of members enrolled in care management during a selected quarter of the year. From these listings, IPRO selected a random sample of files for review onsite.

IPRO began its “desk review,” or offsite review, when the pre-onsite documentation was received from the plan.

Prior to the review, a notice was sent to the MCOs including a confirmation of the onsite dates, an introduction to the review team members, onsite review agenda and list of files selected for review.

Onsite Activities – The onsite review commenced with an opening conference where staff was introduced and an overview of the purpose and process for the review and onsite agenda were provided. Following this, IPRO conducted a review of the additional documentation provided onsite, as

well as the file reviews. Staff interviews were conducted to clarify and confirm findings. When appropriate, walkthroughs or demonstrations of work processes were conducted. The onsite review concluded with a closing conference, during which IPRO provided feedback regarding the preliminary findings, follow-up items needed and the next steps in the review process.

Description of Data Obtained

As noted in the Pre-Onsite Activities, in advance of the review, IPRO requested documents relevant to each standard under review, to support the health plan's compliance with federal and state regulations and contract requirements. This included items such as: policies and procedures; sample contracts; annual QI Program Description, Work Plan, and Annual Evaluation; Member and Provider Handbooks; access reports; committee descriptions and minutes; case files; program monitoring reports; and evidence of monitoring, evaluation, analysis and follow-up. Additionally, as reported above under Onsite Activities, staff interviews, demonstrations, and walkthroughs were conducted during the onsite visit. Supplemental documentation was also requested for areas where IPRO deemed it necessary to support compliance. Further detail regarding specific documentation reviewed for each standard for the 2013 review is contained in the Compliance Monitoring section of this report.

Data Aggregation and Analysis

Post-Onsite Activities – As noted earlier, each standard reviewed was assigned a level of compliance ranging from Full Compliance to Non-Compliance. The review determination was based on IPRO's assessment and analyses of the evidence presented by the health plan. For standards where the plan was less than fully compliant, IPRO provided a narrative description of the evidence reviewed, and reason for non-compliance. The plan was provided with the preliminary findings and 20 business days to submit a response and clarification of information for consideration. No new documentation was accepted with the response. The MCOs could only clarify documentation that had been submitted previously, pre-onsite or during the onsite review. IPRO reviewed the MCO responses and prepared the final compliance determinations. In accordance with the DMS/MCO contract, DMS issued a Corrective Action Plan (CAP) request and the MCO is required to submit a written corrective action plan to address any findings rated as "Minimal" or "Non-Compliant."

APPENDIX B – Validation of Performance Improvement Projects

Objectives

Medicaid Managed Care Organizations (MCOs) implement Performance Improvement Projects (PIPs) to assess and improve processes of care and, as a result, improve outcomes of care. The goal of the PIP is to achieve significant and sustainable improvement in clinical and nonclinical areas. A mandatory activity of the External Quality Review Organization (EQRO) under the BBA is to review the PIP for methodological soundness of design, conduct and report to ensure real improvement in care and confidence in the reported improvements.

The Performance Improvement Projects (PIPs) were reviewed according to the Centers for Medicare and Medicaid (CMS) protocol described in the document *Validating Performance Improvement Projects: a Protocol for Use in Conducting Medicaid External Quality Review Activities*. The first process outlined in this protocol is assessing the methodology for conducting the PIP. This process involves the following ten elements:

- § Review of the selected study topic(s) for relevance of focus and for relevance to the MCO's enrollment.
- § Review of the study question(s) for clarity of statement.
- § Review of selected study indicator(s), which should be objective, clear and unambiguous and meaningful to the focus of the PIP.
- § Review of the identified study population to ensure it is representative of the MCO enrollment and generalizable to the plan's total population.
- § Review of sampling methods (if sampling was used) for validity and proper technique.
- § Review of the data collection procedures to ensure complete and accurate data was collected.
- § Assessment of the improvement strategies for appropriateness.
- § Review of the data analysis and interpretation of study results.
- § Assessment of the likelihood that reported improvement is "real" improvement.
- § Assessment of whether the MCO achieved sustained improvement.

Following the review of the listed elements, the review findings are considered to determine whether or not the PIP findings should be accepted as valid and reliable. In addition to validating and scoring the PIPs, IPRO provided ongoing technical assistance to the MCOs as part of its EQR tasks.

Technical Methods of Data Collection

The methodology for validation of the PIPs was based on CMS' *Validating Performance Improvement Projects: a Protocol for Use in Conducting Medicaid External Quality Review Activities*. Each PIP submitted by the MCOs was reviewed using this methodology, and each of the ten protocol elements was considered. A reporting template was designed by IPRO in order to collect the information and data necessary to review the projects. IPRO provided a narrative summary review, detailing project strengths and opportunities for improvement at the proposal and baseline report phases and a scored review at the interim and final re-measurement phases. An assessment of each project in progress was conducted using tools developed by IPRO, approved by DMS, and consistent with the CMS EQR protocol for performance improvement project validation.

Description of Data Obtained

Each PIP was validated using the MCOs' PIP project reports. Additional detail on the projects and technical assistance was provided during conference calls and interviews of MCO staff during the onsite compliance reviews in March 2013.

Data Aggregation and Analysis

At the proposal and interim report phases, a narrative summary review was produced, detailing project strengths and opportunities for improvement for each element applicable to the project at the time of the review. Overall credibility of results was assessed at the baseline report phase. At Interim and final re-measurement phases of the project, a scored review and validation was conducted to assess overall credibility of results. Review elements were assessed using a scale of Met, Partially Met, and Not Met. Each element was weighted and assigned a point value, adding to a total of 80 points for the interim phase and 100 points for the final phase. Additional state-specific review elements to address contract requirements, such as methods to maintain member confidentiality; member involvement in the project; assessment of overall return on investment; and dissemination of findings were included in the review tool.

A report of the findings, strengths of each PIP and opportunities for improvement for each protocol element necessary for a valid PIP are documented in the Technical Report.

APPENDIX C – Validation of Performance Measures

Objectives

Medicaid Managed Care Organizations (MCOs) calculate performance measures to monitor and improve processes of care. As per the CMS Regulations, validation of performance measures is one of the mandatory EQR activities. The methodology for validation of performance measures was based on CMS *Validating Performance Measures: A Protocol for Use in Conducting Medicaid External Quality Review Activities* (updated 2012). This protocol was derived from protocols and tools commonly used in the public and private sectors for auditing performance measures, including those used by NCOA, IPRO and MEDSTAT.

The primary objectives of the performance measure validation process are to assess the:

- § Structure and integrity of the MCO's underlying information system (IS).
- § MCO ability to collect valid data from various internal and external sources.
- § Vendor (or subcontractor) data and processes, and the relationship of these data sources to those of the MCO.
- § MCO ability to integrate different types of information from varied data sources (e.g., member enrollment data, claims data, pharmacy data) into a data repository or set of consolidated files for use in constructing MCO performance measures.
- § Documentation of the MCO's processes to: collect appropriate and accurate data, manipulate the data through programmed queries, internally validate results of the operations performed on the data sets, follow specified procedures for calculating the specified performance measures, and report the measures appropriately.

Technical Methods of Data Collection

IPRO requested and received from the MCOs the following documentation related to the *Healthy Kentuckians* outcome measure creation:

- § Data and field definitions;
- § Documentation of the steps taken to:
 - Integrate the data into the health outcome measure data set;
 - Query the data to identify denominators, generate samples, and apply the proper algorithms to the data in order to produce valid and reliable performance measures;
- § Conduct statistical testing of results;
- § Procedures used to determine the measure denominators from the HEDIS® denominator base, and how additional criteria were applied (where applicable);
- § Medical record abstraction staff qualifications, training and inter-rater reliability testing;
- § All data abstraction tools and associated materials;
- § Data entry and data verification processes;
- § List of members identified to have numerator positive findings (for sample selection for medical record review and administrative validation);
- § HEDIS® 2013 *Interactive Data Submission System (IDSS)* report for the Medicaid product line;
- § HEDIS® 2013 *Final Audit Report, for the Medicaid Product Line*; and
- § Table of measures including measure/numerator name, denominator value, numerator value and rate.

IPRO reviewed the documentation and verified that prior recommendations were implemented, and that other processes remained consistent with the previous reporting period.

Performance Validation Review Methodology

IPRO auditors followed methodology consisting of:

- § Information Systems (IS) Capabilities including assessment of data capture, transfer and entry methods. Ongoing encounter data validation, as well as the IS assessment included in the plans' annual HEDIS® Compliance Audit were used to provide information for validation.
- § Denominator Validation including assessment of sampling guidelines and methods.
- § Data Collection Validation including assessment of medical record reviews, sampling and data abstraction.
- § Numerator Validation including review of member-level data for adherence to established specification.

Several of the performance measures are derived directly from HEDIS®, including: Adult BMI Assessment, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, Controlling High Blood Pressure, Annual Dental Visit, Lead Screening for Children, Well-Child Visits in the First 15 months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Adolescent Well-Care Visits, and Children's and Adolescents' Access to PCPs. These measures were independently audited by an NCQA licensed audit organization as part of MCOs' annual HEDIS® Compliance Audit™. Therefore, in accordance with the CMS EQRO provisions for non-duplication of activities, IPRO did not address those measures in its validation process. Rather, the focus was validating the State-specific measures.